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Helping Professionals Learn to Use Hope

by

Karen Kristine Massey ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

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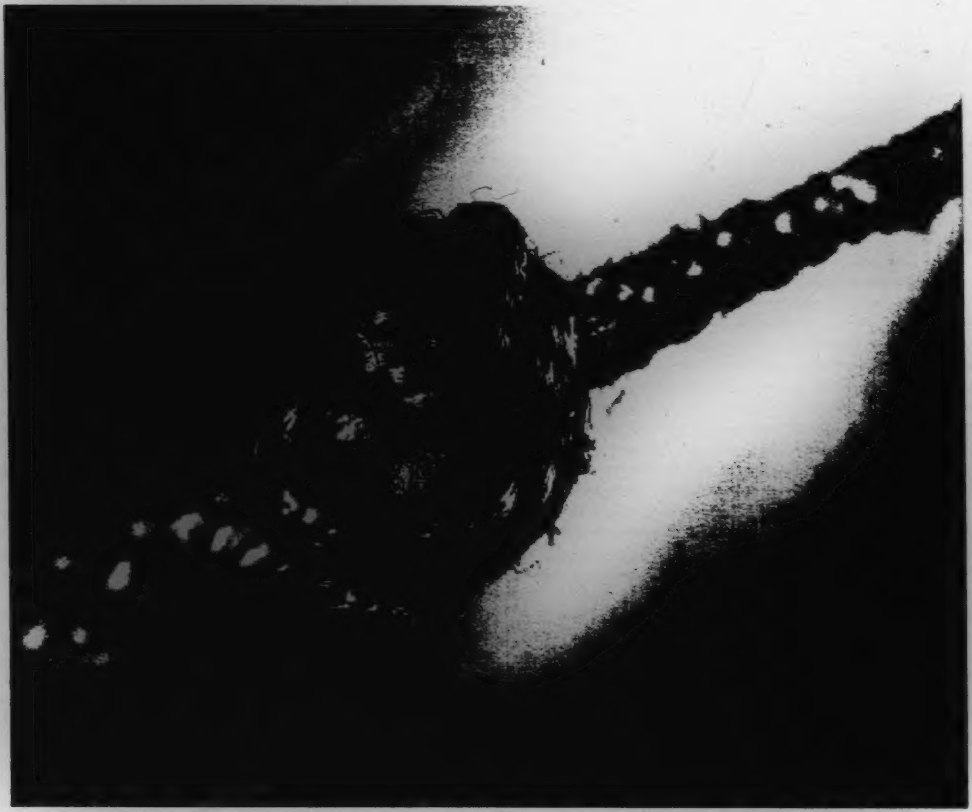
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled **Helping Professionals Learn to Use Hope** submitted by Karen Kristine Massey in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselling Psychology.

Dr. K. Wright

April 26, 2003

Carmen's symbol of hope is a knot at the end of a rope.



In loving memory of my mom, who didn't live quite long enough to see this final document. She always had high hopes for me.

ABSTRACT

This study investigated the hope-focussed learning process of two different groups of helping professionals who were taught by the same trainer. Five questions guided this study: "How do helping professionals learn about hope in practice?" "What processes assist helping professionals in learning about hope?" "Do helping professionals change as a result of being exposed to hope? If so, in what way do they change?" "Do helping professionals' levels of hope change during the hope-focussed training?" and "How do helping professionals use hope before hope-focussed training, during the training, and what are their plans to use hope after completing the training?" To answer these questions two groups were studied consisting of seven participants who enrolled in a six-month course offered by the Hope Foundation of Alberta. Helping professions represented were counselling, physiotherapy, medicine, nursing, teaching, and community support.

Case study methodology, specifically a collective case and three individual cases, was used in this study. The four data gathering techniques were pre and post semi structured interviews, critical incidents, pre and post essays, and transcription of audiotaping the training sessions. Participants were interviewed before or immediately after the first training session, and following the final training session. Three participants wrote monthly critical incidents. Participants wrote pre and post essays in response to a stem sentence. Both the essays and the critical incidents were analyzed using the Gottschalk-Gleser Content Analysis. The two-hour training sessions were audio taped and subsequently transcribed.

The findings indicate that hope is hidden unless intentionally activated, that participants had to first make personal meaning of hope before using it with others, hope is a common factor across helping professions and across psychotherapies, and hope is a complex construct consisting of components such as the language of hope, possibilities and options, state and trait hope, hope symbols and metaphors, and the relationship of hope to time. This study also indicates that hope can be learned in a group setting; its constructs need to be first personally understood and then practiced to be maintained. The study contributes to understanding the constructs of hope that can be taught, what works in teaching hope, and the hope work yet to be done.

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Special gratitude goes to the participants who discussed their views and experiences while learning about hope. Hope-filled appreciation goes to my dad for his love and support; and a great big hug to my daughter, Kristina, who spins and jumps with hope-filled figure skates, and who shared the computer with me.

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CHAPTER 1

INTRODUCTION

One of the emerging areas in hope research is hope-focussed counselling. Researchers at the Hope Foundation of Alberta have been developing hope-focussed counselling theory over the past 10 years and have recently published several articles that introduce the beginnings of a hope-focussed counselling approach (Edey, 2000; Edey & Jevne, 2003; Edey, Jevne, & Westra, 1998; Jevne, 1998). No other literature sources were found on the topic of a hope-focussed counselling approach or how to teach people about hope. Miller (1989) indicated that hope is not operationalized because "the domains of hope and how persons maintain hope while confronting adversity are not well-known" (p. 23).

Until the past decade, there was a dearth of studies about hope (Averill, Catlin, & Chon, 1990). Recently, with many studies exploring the construct of hope (Benzein & Saveman, 1998; Eliott & Olver, 2000; Farran, Herth, & Popovich, 1995; Gottschalk & Fronczek, 1993; Herth, 1992; Jevne, 1998; Nekolaichuk & Bruera, 1998; Parse, 1999; Penrod & Morse, 1997; Roset, 1999; Snyder, 1994; Snyder, 1996; Snyder, McDermott, Cook, & Rapoff, 1997a), the beginnings of models and theories suggest the potential for helping professionals to intentionally use a hope focus in their practice.

A mushrooming body of studies has investigated the intricacies of hope, including its etymology (Roset, 1999); its definitions and models (Averill, Catlin &

Chon, 1990; Dufault & Martocchio, 1985; Ersek, 1992; Herth, 1990; Hinds, 1984; Hinds & Martin, 1988; Keen, 2000; Lester, 1995; Nekolaichuk, 1995; Parse, 1999; Popovich, 1991; Snyder, 1993; Stanley, 1978; Wright & Shontz, 1968); and its measurements (Erickson, Post, & Paige, 1975; Gottschalk, 1974; Herth, 1988, 1992; Hinds & Gattuso, 1991; Mercier, Fawcett, & Clark, 1984; Miller & Powers, 1988; Nekolaichuk, 1995; Nowotny, 1989; Snyder, 1996; Snyder et al., 1991; Staats, 1989; Stoner, 1988). From a counselling perspective, hope has been investigated in relation to Prochaska's Change Model (Keen, 2000), the therapeutic value of hope in the counselling process with children (Danielson, 1995; Erdem, 2000), psychologists' and other professionals' experiences of hope when helping others (Bernard, 2000; Kozak-Krueger, 1991; Sutherland, 1993), and clients' experiences of hope in counselling (Massey, 1998; Reem, 2002). With this extensive knowledge base about aspects of hope in place, it is now time to study how helping professionals learn about the available hope knowledge and how they operationalize it when helping others. I had a great deal of interest in hope because of my personal challenges.

Hope for Me

Perhaps like many others, I first found my hope through the backdoor of hopelessness and despair. There was a time in my life when tragic things happened, and I plunged into hopelessness. I could not find my hope. I did not intentionally have hope until a few years later when I met a professor who was teaching an introductory graduate-level counselling psychology course at the

University of Alberta, Educational Psychology Department. Soon after meeting this professor, I was drawn to the Hope Foundation of Alberta, located in a modest old house on the edge of the University of Alberta campus. There, Dr. Ronna Jevne was intentionally using hope in her life. She had already spearheaded the transformation of a hopelessly rundown, condemned house into a warm and cozy home of hope. I personally came to know it as the home of hope researchers. It was a source of hope information and a hub where I met with other hopeful people. The house is filled with a hope library and hope symbols.

In preparing for conducting this study, I attended Dr. Patch Adams' seminar on Oct. 24, 2000, because I was intrigued by the title of "Hope, Humour and Healing." During the seminar, Dr. Adams mentioned hope only once in passing. During question period at the end of the day I asked him, "Where was hope today?" He quickly affirmed the importance of hope—but until that question was asked, hope was invisible. I excitedly bought a book, *Seven Secrets to Success: A Story of Hope* (Webster, 1997), only to find that the word *hope* was used only once in passing. Hope was invisible in the text, but the plot contained a hopeful theme. I was surprised by hope being invisible.

My symbol of hope is a visible turtle because it is one of the oldest species of animals and has survived for centuries. The turtle represents the wisdom of the ages, the flexibility and resiliency to know when to hope and when to change. For me, a turtle carries a promise of tomorrow and of hope-everlasting.

The Research Questions

Five major interrelated research questions were addressed in this study:

1. How do helping professionals learn about hope in practice?
2. What processes assist helping professionals in learning about hope?
3. Do helping professionals change as a result of being exposed to hope? If so, in what way do they change?"
4. Do the participants' levels of hope change during the hope-focussed training?
5. How did participants use hope before hope-focussed training, during the training, and what are their plans to use hope after completing the training?"

Other questions emerged during the study and are also addressed in this study: How do participants define their hope? Do participants have symbols or metaphors of hope?

Understanding how helping professionals learn about hope in practice has the potential to improve the effectiveness of psychotherapy. Studies have indicated that hope is a common factor throughout all therapies (Lambert, 1986; Miller, Duncan, & Hubble, 1997). The outcomes of this study provide information for helping professionals about learning to intentionally use hope. The outcomes also inform supervisors and teachers of helping professionals about the processes that are successful during hope-focussed training.

Overview of the Study

An exploratory qualitative study, with a small quantitative component, was conducted in order to understand how helping professionals learn about hope and integrate hope into practice. The Hope Foundation of Alberta offered the first two landmark training sessions in using a hope-focussed counselling approach and provided the setting and the two groups of subjects for the case study. Studying the formative phase of teaching helping professionals about hope provided an opportunity to follow the progression of newly developing hope-focussed concepts and what worked in teaching about hope.

CHAPTER 2

LITERATURE REVIEW

This literature review was guided by investigating "How do helping professionals learn about hope in practice?" The first section reviews components of the hope construct, including hope definitions; attributes; synonyms such as optimism, desire, wish, dream, and expectation; trait and state hope and personality change; beliefs; sources of hope such as symbols and metaphors; the relationship of hope and time; possibilities, and hopelessness. Historical developments of hope research are also presented. The second section reviews hope and counselling beginning with identifying the importance of intentionally using hope, the value of hope, hope-focussed counselling's theoretical foundation and the placebo effect. The third section reviews approaches to hope pertaining to counselling, beginning with the landmark approach of Dufault and Martocchio, then presenting Snyder, Jevne, Nekolaichuk, Frank, and Seligman. The fourth section reviews adult learning literature beginning with defining learning, then describing approaches to learning, discussing conversational learning since participants learned through group conversations, learning styles, types of learning, and learning levels. Although no studies were found specifically about helping professionals learning to use hope in practice, there is a large body of knowledge about how adults learn.

For this study, a comprehensive review of the hope literature was conducted simultaneously with data collection and data analysis. The initial literature review began with a computer search for studies focusing on hope and learning, then on hope and counselling, adult learning, and hope constructs. Given the magnitude of the topic of hope there was a need to limit the scope of this study. A review of the Psychological Information (PsychINFO), Educational Resources Information Centre (ERIC), Dissertation Abstracts International (DAI), Medicine, and Master's Abstracts International (MAI) resulted in no information about how helping professionals learned about hope, thus establishing a void in the hope literature.

Components of Hope

This section presents components of the construct of hope that were taught during one or both of the training sessions.

Definitions of Hope

Definitions of *hope* abound. The dictionary definition of hope as both a noun and a verb could be the reason why hope is so difficult to understand (Godfrey, 1987). Hope as a verb connotates a wish or a desire to do something with the expectation of fulfillment, whereas hope as a noun means a wish or a desire accompanied by a confident expectation of fulfillment (Soukhanov, 1994). Pruyser (1986) found that hoping relates to the verbs of relationships and receptivity. Hope has the breadth of being a verb, a noun, an adjective, and an adverb (Nekolaichuk, 1995). Simpson (2000) argued that this type of approach to defining hope is inadequate because it fails to emphasize the element of future uncertainty usually accompanying hope.

During my candidacy oral examination, the question arose of whether hope is more important as a noun or as a verb. Godfrey (1987) pointed out that hope has a "hoped for" noun side and a "hoping" verb side; however, hope is equally important as both a noun and a verb. Dr. L. Gottschalk's (personal communication, November 14, 2000) response to this question was, "One is no more important than the other with respect to expressing and communicating hope, in our opinion." Gottschalk and Godfrey concluded that hope is equally important as a noun and as a verb; both aspects are essential. Hope's influence as a noun is an object for action (I have hope that I will graduate); and hope's influence as a verb is to get the person into action (I hope to finish soon). Helping professionals can use this double dimension of hope as a powerful way to get clients to focus on something in the future (noun), and then to get them into action (verb).

Elliott (personal communication March 20, 2003) did not agree with hope as a noun being more important, nor that hope as a noun and verb are equally important. Elliott, when working with patients with cancer, found differences between patients' use of hope as noun and hope as verb. Hope as a noun tended to be negative. Hope was mainly confined to hope of cure. This noun-oriented hope was often featured as *no hope* (no cure). There was a narrowing of options for these patients; for example, "If there's no hope, finish it" is one of Elliott's exemplar quotations. Conversely, hope as a verb was associated with a vision of a positive future, or a desire for a future, often not self-centred; for example, "I hope my family are okay" or "I hope others can cope with this." She concluded that hope as a verb is more important. Additionally, she pointed out that hope as a verb has a linguistically derived advantage of requiring action on the part of the individual, and hope as a verb does not need validation by others. Not needing external validation is empowering for clients because medical staff determine hope of cure, but anyone can hope for something.

Gottschalk and Gleser (1969) did not limit the definition of hope to human relationships. In addition, hope is "the fruitful survival, growth, and development of fauna and flora, the creative products of people, or positive memories, thoughts or emotions about people or things" (p. 11). They described a favourable outcome of hope as leading to human survival and preserving or enhancing health (Gottschalk, 1995; Gottschalk & Gleser, 1969).

Four decades ago hope was usually defined as goal focussed. Stotland (1969) for example, defined hope as an expectation greater than zero of achieving a goal. He also proposed that hopefulness is a necessary condition for action; otherwise people are hopeless and inactive. Frank (1973) and Lynch (1974) similarly defined hope as associated with progress toward a goal and giving a sense of the possible. Snyder (1991), a psychologist, rekindled the concept of hope as related to goals when he defined hope as a way of thinking in which people have the perceived ways (willpower) and the perceived energy towards getting into action (waypower) in order to achieve their goals.

Bloch (1959, 1986) defined hope as an "intention towards possibility that has still not become" (p. 7). An often quoted landmark definition of hope comes from nurses Dufault and Martocchio (1985), who defined hope as a multidimensional life force characterized by a confident yet uncertain expectation of achieving a future good that is realistically possible and personally significant. Nekolaichuk (1995) derived a definition of hope as an interconnection of the concepts of personal spirit, risk, and authentic caring and as grounded in a core theme of meaning from a large sample in a quantitative study using a semantic differential.

Jevne and Miller's (1999) definition of hope is "looking forward with both confidence and unsuredness to something good" (p.10). Jevne (1994) acknowledged that each person gives hope a unique meaning and that there is a relational quality to hope (Jevne, 1993). Edey, Jevne, and Westra (1998) did not define hope. Instead, they acknowledged the subjectivity of hope and used client definitions and descriptions of hope. For teaching purposes, Edey (personal communication, May 14, 2001) defined hope "as an expectation of a good future." Keen (2000) described hoping as "trusting in beyond the possible, . . . reaches toward a vision of the unknown—the potential" (p. 165).

Godfrey (1987) provided another way of looking at defining hope. Godfrey adeptly describes my sentiments: "I'd rather have hope than be able to define it." His view coincides with Eliott and Olver's (2002) view of not placing further effort in defining hope. Instead, Eliott and Olver offered a taxonomy of hope that combines a dualistic range of meanings; for example, hope may be objective (noun) or subjective (verb). Hope as a noun, verb, adjective, and adverb has many attributes.

Attributes of Hope

Hope is linked to positive characteristics and outcomes in human behaviour. Hope improves psychological health (Dufrane & Leclair, 1984; Elliott, Witty, Herrick, & Hoffman, 1991; Miller & Powers, 1988; Yarcheski, Scoloveno, & Mahon, 1994) and physical health (Benzein & Saveman, 1998; Herth, 1990). Hope is related to perseverance and achievement from the perspective of striving to attain a goal (Snyder et al., 1991), and it is a motivating force ((Dufrane & Leclair, 1984; McGee, 1984). Hope promotes healing (Cousins, 1989; Gottschalk, 1985; Udelman & Udelman 1985a, 1991), facilitates the coping process (Elliott, Witty, Herrick, & Hoffman, 1991; Herth, 1989), and enhances quality of life (Staats, 1989).

Averill, Catlin, and Chon (1990), and Farran et al. (1995) pointed out that hope is a feeling and emotion, a way of thinking, and a way of behaving. Perakyla (1991), who examined hope in a hospital setting, asserted that the uniqueness of hope work is that it is accomplished through conversation. Through conversation people can borrow hope from a helping professional. One of the earliest studies to mention borrowing hope is that of Beavers and Kaslow (1981). They noted that through therapy the client converts borrowed hope into "realistic hope" by having ownership of his/her own hope. Embedded in this assertion is that the therapist must have hope to give to the client.

A growing body of literature indicated that hope is experienced in relation to others (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Benzein & Saveman, 1998; Buehler, 1975; Carson, Soeken, & Grimm, 1988; Dufault & Martocchio, 1985; Fischer, 1998; Forbes, 1994; Gaskins & Forte, 1995; Haase, Britt, Coward, Leidy, & Penn, 1992; Hall, 1994; Herth, 1990; Miller & Powers, 1988; Nowotny, 1989; Perakyla, 1991; Raleigh, 1992; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997), which supports Erickson's (1982) model that trust and hope are learned during infancy while in relationship with significant others. Relationships can also be transpersonal, such as with a higher power (Dufault & Martocchio, 1985; Haase et al., 1992).

Studies have supported hope as a prerequisite to coping: Hoping is a coping strategy (Elliott et al., 1991; Herth, 1989; Korner, 1970; Snyder, 1994) or a coping resource (Ballard, Green, McCaa, & Logsdon, 1997; Cutcliffe, 1996; Eliott & Olver, 2000; Owen, 1989). Jevne (1991) observed that people who hope but cope poorly lack the ability to get into action.

The reverse is also true—hope is an outcome of successful coping (Miller, 1983). Nekolaichuk (1995) suggested that hope is a process, and in turn the process of hoping may facilitate the process of coping.

Hope Synonyms

Understanding synonyms for hope is a component of understanding and teaching the construct of hope so that helping professionals know when to use the correct word. Hope has numerous synonyms, including desire, wish, dream, expectation, and optimism (Roset, 1999). The closest synonym seems to be optimism. Hope and optimism are reviewed first, followed by the synonyms of desire, wish, dream, and expectation.

Hope and Optimism

This section seeks to clarify the differences and overlaps between hope and optimism. Hope and optimism sometimes are erroneously used interchangeably because some of their attributes overlap. Researchers of optimism use *hope* and *optimism* interchangeably (Gottschalk, 1974; Peterson, 2000; Seligman, 2001; Seligman, 1990; Tiger, 1979), whereas researchers of hope do not interchange hope with optimism (Averill et al., 1990; Farran et al., 1995; Keen, 2000; Roset, 1999; Smedes, 1998; Snyder, 1994).

Until the late 20th century, authors kept the concepts of optimism and hope distinct by keeping to a narrow construct of optimism. The concept of optimism originated with Voltaire's book *Candide* (Havens, 1968). *Candide* portrayed an optimistic future through encouraging people to work.

Perhaps the narrow view of what Farran et al. (1995) labelled "blind optimism" began when optimism was connected with the book *Pollyanna* (Porter, 1913) and the 1960s Pollyanna movie. Of note is the glad game in which

Pollyanna always found a positive aspect to every negative situation. Within this Pollyanna context, it fits that Menninger, Mayman, and Pruyser (1963) considered optimism a relatively superficial attitude and implied some distance from reality. Many people have subsequently referred to the Pollyanna mentality arising from this movie in negative terms.

Seligman (1990) favoured Tiger's (1979) definition of optimism as a mood or attitude associated with a desired or pleasurable expectation about the social or material future. Tiger's book *Optimism: The Biology of Hope* is an example of how the distinction between optimism and hope is blurred. In a chapter titled "Hope Springs Internal," hope is never mentioned, only optimism (Tiger, 1979). Other 20th century authors such as Hochschild (1979) and Smith (1983) also blurred the distinctions between optimism and hope. The consistent difference was that hope is still present after something negative occurs.

One similarity is that hope and optimism are both located within the new field of positive psychology (Seligman & Csikszentmihalyi, 2000). Another similarity is predictability, because both concepts are future oriented. However, there is also an important distinguishing feature between the two concepts when dealing with predictability. Keyne (1936) observed that optimistic candides want to predict and have things turn out for the best, no matter what. Smedes (1998) pointed out the major limitation of optimism: Optimism fades out or dies when defeat looks inevitable, whereas hope has the power to endure. He concluded that the difference between hope and optimism lies with hope's staying power. Hope continues in the person when optimism is lost.

Snyder (1994) made the distinction that hopeful people do not dwell on failures; instead, they are mentally invested and focussed on accomplishing their goals. Hope is more than distancing oneself from the impact of failures; hope links a person to potential success. Snyder also views optimists as distancing themselves from their failures by making mental excuses to lessen the impact, believing that the setback is a temporary situation, and limiting the failure to only one performance arena.

In summary, the constructs of hope and optimism contain similar characteristics of having goals or an aim for the future, being action oriented, helping to give endurance/perseverance, emphasising having choices, and looking for the best possible. Both concepts are a mood, emotion, attitude, behaviour, and expectation; and both are a noun, verb, adjective, and adverb. However, optimism focuses more on having a positive expectation about a desired social or material future; optimists want things to turn out for the best, no matter what. There was no mention found in the optimism literature about being able to "borrow optimism," whereas "borrowing hope" is a common concept in the hope helping relationship. Hope appears to be a broader concept than optimism. Hope's strength is offering the certainty that something makes sense regardless of how it turns out (Aikman, 1995) and acknowledging that negative outcomes may happen. Overall, both constructs lead towards achievement, health, happiness, and perseverance. Optimism is an important but somewhat narrower concept then hope. Other narrower synonyms are desire, wish, dream and expectation.

Hope and Desire, Wish, Dream, and Expectation

The dictionary definition of hope (Soukhanov, 1994) is "a wish or desire accompanied by confident expectation of its fulfillment" (p. 591). In this definition, desire and wish are the objects of hope. Wish and desire fall within the realm of Schachtel's (1959) concept of "magic hope" because desire and wish are vague—there is no specific plan about what should change or how to do it. Wishing is wanting immediate gratification (Marcel, 1962). Hayakawa (1968) likened wishing to an element of childishness that is unwilling to take a realistic stand. Dufault and Martocchio (1985) indicated that wishing is "not perceived within the realm of possibility in the present or future" (p. 385). However, Curwin (1992) stated that wishing is an important early part of the hoping process because wishing begins the orientation to the future. Jevne (1999) stated that wishing is passive and hoping is active.

Dreaming is even more tenuous than wishing towards a goal (Roset, 1999). Dreaming implies a retreat from reality, and it has an element of fantasy (Roset, 1999). In the context of helping professions, wishing, dreaming, and desiring have an important early role in the hope process, along with expectation.

Parker and Howard (1985) linked expectation to hope and indicated that with expectations people look forward to a reward, thereby making themselves vulnerable to disappointment if things do not go as well as hoped. Unlike hope, expectations can be both positive or negative.

Expectations are integral to many definitions of hope, thus implying that before there can be hope, the brain must have an expectation of hope. Brains are "anticipation machines" that allow people to interpret and respond to their environments effectively and efficiently (Dennett, 1991). This power of expectations suggests that when people change their perception into a hopeful state, it is equivalent to changing the experiential state. Expectations are a self-confirming response (Kirsch, 1999b). Diltz (1990) suggested that if there are no expectations, then there is hopelessness.

Weinberger and Eig (1999) argued that expectations are an almost universally ignored common factor in psychotherapy. Although hope and expectations—particularly response expectancies—are beginning to be viewed as common factors in psychotherapy, there are differences between the concepts (Kirsch, 1999a). By definition, response expectancies are "anticipations of one's own automatic reaction to various situations and behaviours" (Kirsch, 1999a, p. 4), suggesting that expectations occur at the start of something. Expectancies are powerful because they can be self-confirming (Kirsch, 1999b). Unlike expectancies, hope has three phases. Hope has a beginning phase—incorporating expectations, beliefs, and goals. Hope has an action phase; then hope has an ending phase upon reaching the goal or meeting the expectation, such as "I expected to have high hopes at the end of this course." Unlike expectation, hope is separated from the negative realm; in the negative realm lays hopelessness or despair.

Studies have found that expectancies and hope are linked in psychotherapy. Ilardi and Craighead (1994) suggested that therapists should enthusiastically explain how therapy works and how it is "cutting edge." This supports Frank's (1982) finding that creating a credible treatment rationale assists in generating positive expectancies and activating hope.

Hope researchers Farran et al.'s (1995) and Hochschild's (1979) assessment that optimism may function as a prerequisite to the learned aspects of hope suggests that optimism is a foundation for hope along with expectations. A person first learns to be optimistic, and then behaves in a hopeful way (Farran et al., 1995). However, Seligman (1990) suggested that hope is the foundation for optimism. From a hope perspective, helping professionals conveying a hopeful attitude could assist people who are in a hopeless state in fostering hope, expectations and optimism because all three concepts are important for helping professionals to work with.

Trait and State Hope, and Personality Change

Hope is a trait and a state. State hope fluctuates over time depending upon feelings about a current situation and can be influenced by personal growth and psychotherapeutic interventions, whereas trait (dispositional) hope is an enduring attitude or approach to life and is more stable over time (Eliott & Olver, 2000; Farran et al., 1995; McGee, 1984; Snyder, 1996). Snyder (1991, 1996) theorized that trait hope sets a band within which people have state hope. Helping professionals could anticipate that clients with high dispositional, trait hope should respond within a range of generally high state hope in their daily lives and that clients' hopeful perceptions of a situation can be enhanced by using hopeful stories and persuasive narratives and metaphors because hopeful thinking can be learned (Snyder et al., 1997b).

Eliott and Olver (2000) found that hope was an enduring or trait resource for patients with cancer. Erikson (1968) theorized that hope is formed within an infant to endure throughout life, and this, although compatible with the notion of hope as an inner resource, might render attempts to alter levels of hope later in life somewhat futile. More recently, some researchers (Averill, Catlin, & Chon, 1990; Dufault & Martocchio, 1985; Snyder et al., 1991, 1996) claimed that state hope is amenable to influence.

However, Dufault and Martocchio (1985), Rustoen, Wiklund, Hanestad and Mourn (1996), and Keen (2000) did not agree that hope has a stable trait component. Dufault and Martocchio (1985), based on research with terminally ill cancer patients, found that hope is "a multidimensional, dynamic life force, rather than trait oriented" (p. 391). Based on research about illness and life changes, Rustoen et al. concluded that hope is a state, influenced by external factors such as illness and life changes, and hope varies according to the situation and the circumstances that a cancer patient is facing. Hope is also influenced by internal factors such as emotional processes (McGee, 1984; Rustoen et al., 1996).

Keen (2000) presented another view about hope as a trait or a state and investigated hope and change using the model of Prochaska, DiClemente, and Norcross (1992). She concluded that hope is a process, not a state or trait. In the hoping process, there is the aspect of intuitively knowing that there is a different path; there are possibilities; there is a positive orientation toward the future; then there is movement toward the future; and last, there is an integration of life experiences and an understanding of the bigger picture (Keen, 2000). Her findings suggest that people can change their behaviours over time, and during the change process they can develop a more hopeful personality.

Snyder (1996) concurred that behaviour and personality changes are possible. A main premise in counselling is that a client can be helped to change (Bohart & Tallman, 1999).

Costa and McRae's (1994) basic tendencies model shows that two thirds of the Big Five personality traits stabilize by age 30; namely, extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience. They argued that people's capacities and limitations do not change, but the ways that people manage and express these qualities can change significantly. According to Pervin (1993), this still leaves substantial room for change—two thirds of personality is stable, but one third is not. Additionally, if the definition of personality expands to include motives, goals, and overall psychological functioning, then there is more room for change (Heatherton & Weinberger, 1994). This is a very important point for helping professionals—the knowledge that one third of a person's personality, and likely even more, depending on how personality is defined, can be changed. The implication is that hope can be enhanced even in adult and later years.

The question arises of whether change is permanent. People feel that they can make changes in their personality by changing some of their personality traits. These changed traits are noticeable when people talk about changing to the core and becoming different people (Heatherton & Weinberger, 1994). Beliefs may be the critical foundation underlying a person's ability to remain changed (Heatherton & Weinberger, 1994).

Beliefs

Wright (1996) indicated that beliefs have a tremendous effect on clients' hope. Beliefs provide one of the main frameworks for thoughts, feelings, and behaviour (Dilts, Hallbom, & Smith, 1990; Donoghue & Siegel, 1992); however, beliefs are not necessarily based upon reality (Dilts et al., 1990). The concept of beliefs overlaps with the concept of perception. Beliefs are accepting an idea as being accurate or truthful (Lefrancois, 1997). Perception is achieving an understanding of and using the knowledge, insight, or intuition that has been noticed (Soukhanov, 1994). For example, a person can perceive hope constructs to be helpful; then hope can become a fundamental belief, such as that hope is valuable to my life. This new belief becomes a lens, affecting subsequent perceptions.

Wright, Watson, and Bell (1996) stated that any healing transaction involves three sets of beliefs: those of the client, the client's significant others, and the helping professional. The more that a given belief is connected with other beliefs, then the more impact and consequences it can have on the core beliefs (Wright et al., 1996).

Working with beliefs is important when using a hope focus. White (1990), one of the originators of narrative therapy, indicated that beliefs form the basis for the meaning that clients give to situations. Once beliefs are clarified, clients can be guided to jointly construct new meanings and to change the past account of their lives to help them find new options that are more hopeful.

The words that we use to express beliefs play an important part in a person's behaviour. For example, Wright et al. (1996) preferred using language such as "experiencing an illness" rather than "having an illness" (p. 55). A goal of helping professionals is to bring forth conversations of affirmation, affection, growth, and change, inviting new or renewed beliefs (Wright et al., 1996). As a change agent the helping professional should draw forth a client's abilities to solve personal problems (Anderson, Goolishian, & Winderman, 1986). One of the ways to help solve problems is by connecting with sources of hope.

Sources of Hope

A main source of hope is helpful relationships (Dufault & Martocchio, 1985; Forbes, 1994; Gaskins & Forte, 1995; Haase et al., 1992; Hall, 1994; Millers & Powers, 1988; Morse & Doberneck, 1995; Nowotny, 1991; Raleigh, 1992; Yarcheski, Scoloveno, & Mahon, 1994; Wong-Wylie & Jevne, 1997), including perceived family support (Obayuwana & Carter, 1982). Edey and Jevne (2003) concurred with Raleigh (1992) and Yarcheski et al. (1994) that the first step in fostering hope is developing supportive relationships. Other external sources include having options and a sense of the possible (Edey et al., 1998; Miller, 1986); religion; medical science (Klenow, 1991; Obayuwana & Carter, 1982); education and economic assets (Obayuwana & Carter, 1982); and positive past experiences (Dufault, 1984). Internal sources include ego strength and feelings of self-worth (Dufault, 1984; Miller, 1986; Obayuwana & Carter, 1982), purpose and meaning in life (Frankl, 1959; Miller, 1986), the body cognitive schemata, and the handling of information (Salander, Bergenheim, & Henriksson, 1996). Another type of external source of hope is symbols and metaphors.

Symbols and Metaphors of Hope

Symbols and metaphors are additional sources of hope because hope has symbolic language and imagery. The definition of symbol is "something representing something else by association, especially a material object representing something abstract" (Soukhanov, 1994, p. 1172). The definition of *metaphor* is "a figure of speech in which a term is transferred from the object it ordinarily designates to an object it may designate only by implicit comparison or analogy" (Soukhanov, 1994, p. 746). Metaphors provide an opportunity for self-reflection and for connecting between past, present, and future (Lakoff & Johnson, 1980). There is now a psychotherapeutic approach called *metaphor therapy* (Kopp, 1995).

Averill, Catlin, and Chon (1990) found eight categories of hope metaphors; namely, a vital principle, a source of light and warmth, elevated in space, a form of support, a physical object or thing, deception, pressure, and a miscellaneous category. In the category of support was a rope. Jevne and Miller's (1999) metaphor is "Hope sets our sail in difficult seas, or even becomes the anchor as we wait out a storm (p. 11)." Waiting out a storm brings out the temporal nature inherent in hope work.

Hope and Time

An important aspect to hope is connecting with the past, the present, and the future (Jevne et al., 1999). Lester (1995) observed that psychology has neglected future time-consciousness, which is unfortunate because hope opens up the power of the future.

Parse's (1999) nine-country study offered insight into several of these time dimensions in the human experience of hope. Hope time dimensions include envisioning a different way, then having discomfort and adversity, having an ongoing awareness of change, having an ever-present expectancy, having engagements with others, and having opportunities and restrictions along with wishes for something yet to be. Hope and time were integral in Parse's study.

However, Dufault and Martocchio (1985) and Hinds and Martin (1988), who studied seriously ill and terminally ill populations, suggested that a non-time-oriented global sense of hope may be operative even when the time-oriented aspect of hope diminishes, and that some elements of hope are always operative in a person. Dufault and Martocchio identified the uniqueness of hope as the ability for a person to look forward and backward at the same time.

Herth's (1991, 1992) Hope Scale measures the past, present, and future dimensions of hope as well as the nonspecific global focus of hope. Herth's scale can be used with well, elderly, and ill adults and could be used by helping professionals. Her scale combined with linking hope to possibility thinking could be useful aids when doing hope-focussed work. Lester (1995) linked hope to time and possibilities as "the future tense grants to the present tense the gift of possibility" (p. 18).

Possibilities

Identifying and selecting possibilities is a unique feature of hope-focussed counselling. Sutherland (1993) observed that hope can be increased by focusing on past successes. These past successes may then present alternatives to clients. Reem (2002) found that possibilities provide the way out when a person is stuck. She observed that actions resulting from selected possibilities created an opportunity for change. Additionally, she observed that with hope and knowing about possibilities, hopelessness can be overcome.

Hopelessness

Hopelessness was studied earlier than hope because of the interest in psychopathology (Seligman & Csikszentmihalyi, 2000). There is a relationship between hope and hopelessness because "hopeless" means having no hope, despairing, impossible (Soukhanov, 1994, p. 591). Hopelessness is caused by the lack of internal or external resources or by the inability to interpret and process difficult life experiences (Farran et al., 1995).

The relationship between hope and hopelessness may be understood by visualizing hope on one end of a continuum and hopelessness on the other end (Lynch, 1974; McGee, 1984; Yapko, 1991). However, Nekolaichuk (1995) suggested that hopelessness may not be on a continuum with hope. Nekolaichuk's findings indicate that the factor structures for the experience of losing hope is not necessarily the opposite of maintaining hope. The experience of losing hope may be more than the absence of hope or hopelessness.

From a nursing perspective based on findings of a nine-country study, Parse (1999) viewed hope as a dimension of the paradoxical rhythm of hope/no-hope. According to Beck, Brown, Berchick, Stewart, and Steer (1990), hopelessness is either a temporary state or an ingrained trait. Beck et al. defined hopelessness as an essential experience represented through feelings of despair and discouragement, through thoughts of expecting nothing, and through behaviours of attempting little or taking inappropriate action.

Agreement exists (Dufrane & Leclair, 1984; McGee, 1984; Ruvelson, 1990) that prematurely projecting hope onto a client who is in a state of hopelessness is counterproductive, potentially increasing client isolation. These authors suggested validation of hopeless feelings as a first step towards hope. Ruvelson alerted us to the possibility of the helping professional's motivation being related to protecting him/herself from client despair. Although this study is about hope, the emotion of hopelessness is never far away.

Summary of the Hope Components

This part of the literature review depicted the progress in compartmentalizing the hope construct. A better understanding of the parts of hope results in a better understanding of the whole. Understanding hope takes intentionality and effort because it is such a broad construct. Being intentional in using a hope focus results in no longer taking hope for granted and being able to help people who are hopeless. Intentionally using hope can be learned.

Hope and Counselling

Intentional Use of Hope in Counselling

The word *intentional* is often linked to professionally working with the concept of hope (Edey, Jevne, & Westra, 1998; Jevne, Nekolaichuk, & Boman, 1999). Using hope intentionally entails some degree of consciousness, is aimed at something or someone, and has a focus or target (Wittgenstein, 1968).

Aquinas (Pegis, 1948) described similar elements of intentionally hoping as being future oriented, possible to attain, and arduous. Using hope intentionally is at the core of hope-focussed counselling. Understanding the importance of hope in counselling is a precursor to such intentionality. With intentionality, hope becomes visible to both self and clients, and with this visibility hope in counselling is more accessible.

The Value of Hope

Helping professionals are realizing that hope is important for preventing mental illness (Gottschalk, 1995; Ruvelson, 1990; Snyder, 1993). Jevne's (personal communication, November 14, 2002) model for hope interventions suggests two reasons for doing hope work: first, to increase the client's capacity to say "Yes" to life, to perceive a future in which s/he wants to participate; and second, to sustain the capacity of the caregiver to continue to care and to search for possibility in the absence of evidence of hope. Both of these instances involve positive thinking.

Matlin and Stang (1978) analyzed hundreds of studies about cognitive disorders and found that language, memory, and thought are selectively positive. They found that people use more positive words than negative words. It is more common for people to use the positive word *hope* more frequently than negative words such as *hopeless.*

In the past decade psychologists began focusing on prevention, and *positive psychology* emerged (Seligman & Csikszentmihalyi, 2000). Positive psychologists are discovering that certain human strengths, such as hope, optimism, future-mindedness, and interpersonal skills, act as protectors from mental illness (Seligman & Csikszentmihalyi, 2000). The work of the new millennium is to learn how to foster these virtues of hope and optimism and to better understand human behaviour by focusing on strengths and the healthy emotions as well as what is wrong (Seligman & Csikszentmihalyi, 2000). Evans (1999) foresaw that, to offset the biochemistry movement, there would arise a countermovement to help clients cope without chemical or mechanical means. In addition, there would be radical therapies developed during this spiritual and mental countermovement dealing with hope, self-actualization, self-worth, and spirituality.

Seligman and Csikszentmihalyi (2000) indicated that hope, wisdom, creativity, future-mindedness, courage, spirituality, responsibility, and perseverance are ignored by psychotherapy today; instead, there continues to be a nearly exclusive focus on pathology. They are leaders in the new field of positive psychology because there is scant knowledge of what makes life worth living and how normal people flourish under seemingly hopeless conditions (Seligman & Csikszentmihalyi, 2000). The aim of positive psychology is to catalyze changes to better balance the preoccupation with repairing the problems in life to also building positive qualities, one of which is hope (Seligman & Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi connected hope to the three time dimensions. Changes can be connected to the time dimensions of having well-being, contentment, and satisfaction in life (a focus on the past), having hope and optimism (a focus on the future), and having flow and happiness (a focus on the present). These authors maintained that for too long people have taken hope, love, enjoyment, and trust for granted, even though these are the fundamental conditions that help them to flourish.

The Value of Hope in Counselling

The value of hope as a factor in counselling and psychotherapy is well established (Beavers & Kaslow, 1981; Edey et al., 1998; Frank, 1968; Manrique, 1984; Ruvelson, 1990). Most reviews conclude that all psychotherapeutic approaches produce similar results (Elkin, Shea, Watkings, Imber, & Stotsky, 1989; Lambert & Bergin, 1994; Sloane, Staples, Cristol, Yorkston, & Whipple, 1975). Luborsky, Singer, and Luborsky (1975) coined the term the *dodo bird verdict*, indicating that no psychotherapeutic approach was superior over another.

The newest issue is whether psychotherapeutic outcome is due to specific ingredients of treatments or to common factors found in all therapies (Ahn & Wampold, 2001). Specific ingredients include relaxation skills, eye movement desensitization regulation, and exposure. Specific ingredients typically have a manual to follow and are part of the medical model. Ahn and Wampold concluded that specific ingredients used as treatments produced no evidence that the ingredient was responsible for the beneficial outcomes. In contrast to specific ingredients, Wampold (2001) stated that the common factors account for about nine times more variability in outcomes. Snyder (1999) postulated that client change is due to the common factors—including hope.

The four common factors theorized by Lambert (1986, 1992) are client and extratherapeutic factors; relationship factors; placebo, hope, and expectancy; and therapeutic models and techniques. Similarly, Frank and Frank (1991) theorized four common factors; specifically, an emotionally charged relationship, a therapeutic setting, a therapeutic rationale, and a therapeutic procedure that works towards producing cognitions that make it possible for a client to attain therapeutic goals. Evidence now exists for the importance of the therapeutic alliance (Horvath, 1994; Horvath & Luborsky, 1993; Orlinsky, Grawe, & Parks, 1994), including in helping relations such as pharmacotherapy (Krupnick, Stotsky, Simmens, & Moyer, 1992). Using the common-factor perspective emphasises the skill of the therapist and not the importance of using a treatment manual (Wampold, 2001). Evidence now also exists on the importance of having goals (Orlinsky, Grawe, & Parks, 1994; Snyder, 1995). According to Snyder (1993), goals are an important part of hope.

Interest in hope in counselling is increasing, including from the perspective of hope as a common factoring psychotherapy (Lambert, 1992; Miller, Duncan, & Hubble, 1997). Frank (1961) first identified hope as a transtheoretical concept, and Patterson (1967), Prochaska (1979), and Miller (1997) supported his views. Indeed, inspiring and enhancing hope is an important role of the counsellor (Edey et al., 1998; Frank, 1973; Jevne, 1993;

Menninger, 1959; Miller, 1989; Miller et al., 1997; Nowotny, 1991; Yalom, 1985). Bernard (2000) identified three themes in the hope literature; specifically, that hope is integral to the therapeutic process, that the therapist must help instil hope in the client, and that the therapist must possess hope. Therapists' attitudes strongly influence inspiring hope in clients (Miller et al., 1997).

Yalom (1985) identified hope as an important catalyst for keeping clients in therapy so that other therapeutic factors may take effect. With the growing body of research extending the understanding about the construct of hope, about ways to measure hope, about definitions of hope, and about the use of hope in counselling, the concept of hope now serves a much broader purpose than simply keeping clients in counselling. With the growing support for using hope in counselling, the next progression is to expand understandings of hope into counselling practice.

Hope-Focussed Counselling's Theoretical Foundation

Numerous psychotherapeutic approaches influence the hope-focussed counselling approach (Adler, 1927; Bandura, 1977; Beck, Weissman, Lester, & Trexler, 1974; Lewin, 1951; May, 1961; White & Epstein, 1990). Given the multidimensional nature of hope, it is not surprising that elements of other counselling approaches are integrated into hope-focussed counselling. Seasoned counsellors will recognize elements of theories that emphasise cognition (Beck, Rush, Shaw, & Emery, 1979; Beck & Weishaar, 1989, 2000), systemic relations (Lewin, 1935, 1951; Perls, 1969, 1992), social learning (Bandura, 1977), individual psychology (Adler, 1927), and meaning and existentialism (Frankl, 1959; May, 1953, 1961) in the way in which hope is integrated into practice.

A newer dimension is the five stages of change model (Prochaska, DiClemente, & Norcross, 1992), which includes the stages of precontemplation, contemplation, preparation, action, and maintenance. Using this change model, Hanna (2002) viewed hope as a precursor to change in that his first consideration in the precontemplation stage is whether clients have hope that change is attainable.

According to Edey et al. (1998), the hope-focussed counselling approach that is being developed at the Hope Foundation of Alberta draws dominantly from narrative therapy (White & Epstein, 1990). The role of the counsellor, using a narrative approach, is as a story gatherer who gives context to and collaborates with clients to change stories about problems (Adams-Westcott, Dafforn, & Sterne, 1993). Edey et al. stated that hope-focussed counsellors follow tiny sparks of hope that may faintly shine during counselling.

Overall, hope-focussed counselling is primarily influenced by narrative, existential, and cognitive behavioural therapy (CBT). A common practice using the narrative approach is externalizing the problem and then linking the person and the problem to hope (Edey et al., 1998). Using the existential approach, there is talk about meaning in life and linking the meaning to finding hope. Using CBT, there is guided discovery; Socratic dialogue; identifying core beliefs, automatic thoughts, and maladaptive assumptions; and then redefining, reattributing, and decatastrophizing them within a hope context.

Distinguishing Feature of Hope-Focused Counselling

The distinguishing feature of hope-Focussed counselling is having hope as the central theme. The goals of hope-focussed counselling are to emphasize hope and to help clients see more possibilities or options, thereby focusing more on hope than on problems (Edey et al., 1998). Hope-focussed counsellors carefully time the asking of hope-building questions during a counselling session so that they can frame situations in the context of hope and so that they can intentionally ask hope-focussed questions. Edey and Jevne (2003) pointed out that a hope focus is not a separate counselling approach. Hope operates in the background while other psychotherapeutic approaches are being used; then it is used when needed.

The Hope Foundation of Alberta staff have been developing a hope-focussed counselling approach for a decade (Edey, 2000; Edey, Jevne, & Westra, 1998; Jevne 1990, 1993; Jevne & Miller, 1999; Jevne, Nekolaichuk, & Williamson, 1998). In addition, counselling students have been supervised at the Hope Foundation of Alberta in hope-focussed counselling, and numerous hope seminars, one- and two-day courses on different themes of hope, have been offered. These aspects culminated in the readiness to offer a series of six training sessions over six months called "Introduction to Hope-Focussed Counselling."

Studying hope in counselling is not complete without reviewing the placebo effect because hope is sometimes seen as a placebo.

The Placebo Effect

Tallman and Bohart (1999) suggested that placebos such as hope, relaxation procedures, energy, creativity, and self-healing potential mobilize clients' involvement, commitment, and persistence in therapy. Similarly, Frank and Frank (1991) linked the effectiveness of placebo to the ability to mobilize clients' expectations for improvement. Placebo is a mechanism that turns beliefs into an agent of biological change (Blakeslee, 1998). Beliefs have an active role in the change process (Kirsch, 1978).

Views with regard to placebo are changing. Once thought of as ineffective treatments, the current perspective is more one of a quest for understanding the powerful placebo effect (Shapiro & Shapiro, 1997). Borkovec (1985) described placebo as a procedure for which possible outcomes have no current theoretical model. He suggested that the concept of placebo be abandoned because the real task is to explore effects that are not understood. However, placebo and other nonspecific factors have now become respectable foci of study because there is a growing recognition of their power to heal (Shapiro & Shapiro, 1997). Theorists (Lambert, 1992; Miller, Duncan, & Hubble, 1997) indicated that placebo, hope, and expectancy account for 15% of the variance in therapy, suggesting that hope is an important factor in counselling and that it is separate from, but related to, placebo.

Another important aspect of hope for helping professionals to know about are some of the approaches to hope.

Approaches to Hope

A review of the past 50 years of hope studies reveals that understanding the construct of hope has broadened from seeing hope as having a singular, goals focus to having multidimensional aspects. Interest in studying hope increased after the psychiatrist Menninger (1959) gave his often-referred-to landmark lecture about the importance of hope. Some early authors (Lewin, 1938; Stotland, 1969) viewed hope as focussed on goal attainment. Later, nursing researchers depicted hope with multidimensional aspects (Dufault & Martocchio, 1985; Ersek, 1992; Morse & Doberneck, 1995): Hope is based on mutuality, a sense of personal competence, coping ability, psychological well-being, purpose and meaning in life, and a sense of the possible (Miller, 1986); hope is a way of feeling, thinking, behaving, relating to oneself, and relating to one's world (Farran et al., 1995). Farran et al. (1995) also identified hope as having the attributes of GRACT (goals, resources, active process, control, and time).

Psychologists also began identifying the multidimensions of hope (Jevne, & Miller, 1999; Keen, 1994; Nekolaichuk, 1995; Snyder, 1990). These multidimensions lend sustenance to the view that hope is paradoxical; it is both unique and common (Jevne et al., 1999; Jevne & Miller, 1999).

In this study, selected publications by nurses, psychologists, and a psychiatrist further the understanding of hope for helping professionals. Three often-referred-to hope researchers—and they were the only three used during the hope training in this study—are Dufault and Martocchio, Snyder, and Jevne. Dufault and Martocchio's hope approach is reviewed first, then Snyder's, and, finally, Jevne's. Jevne is one of the founders of the hope-focussed approach. Additionally, three other approaches are presented—those of Nekolaichuk, Frank, and Seligman. Nekolaichuk offered a model connecting hope to risk. Frank presented ideas about hope pertaining to counselling. Seligman discussed the relationship of hope and optimism because optimism was discussed in the helping professional's training.

Dufault and Martocchio

Dufault and Martocchio, both nurses, developed a hope model (1985) that is referred to as seminal work in hope research. Their hope model has two spheres; namely, generalized hope and particularized hope. Generalized hope means having a general sense of some future beneficial good. Generalized hope supports the development of particularized hope. Particularized hope focuses on a specific valued outcome, good, or state of being—something that is most meaningful in life. For example, in counselling, a client could have particularized hope that the problem could be resolved. Clients could also have generalized hope that counselling will help give them a future benefit. In addition to presenting particularized and generalized hope, Dufault and Martocchio's model presents six dimensions of hope; namely, affective, cognitive, behavioural, affiliative, temporal, and contextual. They postulated that some of these dimensions of hope are always present.

Snyder

Snyder (1995), a psychologist, identified hope as having three components—goals, willpower (a source of mental energy, determination and commitment to propel us forward to reach a goal), and waypower (action taken towards achieving a goal). Snyder (1995) stated that high-hope persons approach goals in a positive emotional state, with a sense of challenge and a focus on success. Low-hope persons approach goals with a negative emotional state, a sense of ambivalence, and a focus upon failure. Translating this approach into the counselling setting, a counsellor would expect that high-hope clients have goals, positive emotions, and high self-esteem; and that low-hope clients have few, if any goals, a negative emotional state, and low self-esteem. Hope begets hope, suggesting that counsellors and parents should intentionally act as hope-inducing models (Snyder, McDermott, Cook, & Rapoff, 1997b).

However Morse and Doberneck's (1995) study with four groups—namely, patients awaiting heart transplants, spinal cord-injured patients, breast cancer survivors, and breastfeeding mothers returning to work—indicated that the probability of attaining a successful outcome did not appear as significant as Snyder (1991) suggested. Morse and Doberneck's (1995) study did support

Snyder's studies that found that that having goals and knowing how to attain goals are important aspects of hope.

Jevne

Jevne took a different, but complementary, approach to Snyder. Jevne counselled clients with chronic illnesses or with multiple, severe problems. Jevne (1993) suggested that enhancing hope in patients starts with helping professionals sustaining their own hope. She placed hope in the realm of being, as in being hopeful, instead of doing, as in setting goals. She pointed out that hope is experienced in the present and that hope is a bridge to the wisdom of the past and a bridge to the goals of the future. Jevne and Miller (1999) offered practical strategies to find hope that counsellors can use.

Nekolaichuk

Another way to understand hope is by using the meaning of hope model developed by Nekolaichuk (1995). This model provides a broad, holistic interpretation about clients' meaning and experience of hope. Nekolaichuk used Dufault and Martocchio's (1985) model about generalized and particularized hope to guide the development of her model and a semantic differential technique (Osgood & Suci, 1955) because it was sensitive to the underlying subjectivity of hope. Nekolaichuk's model has three interconnected dimensions: personal spirit, risk, and authentic caring. Each of these dimensions has three factors. This model's advantage is its clarity in helping readers understand the *dynamic experience of hope* (Nekolaichuk, Jevne, & Maguire, 1999). Learning about hope, in this study was a dynamic experience, particularly from the perspective of risking to use the newly learned hope focus in helping relationships.

Frank

Frank (1968), a psychiatrist, concluded that clients came to counselling because they were demoralized and could not resolve their own problems. Clients hope and expect that psychotherapy will help them. Thus, hope is a curative factor that inspires positive expectations of a better future (Frank & Frank, 1991). Frank's study (1973) identified four factors that helped mobilize hope and restore morale: (a) an emotionally charged confiding relationship, (b) a healing setting, (c) a rationale or myth that plausibly explains the patient's difficulties and offers a sensible solution, and (d) a believable treatment or ritual for restoring health. Frank (1968, 1973) concluded that a patient's hope and the degree of therapy effectiveness do not depend on the characteristics of the patient or the therapist alone. The interactions between the patient, the therapist, and other aspects of the therapeutic situation must also be considered.

In particular, Frank (1982) found that presenting a credible treatment rationale helps generate positive expectations. Ilardi and Craighead (1994) added that assigning homework early in cognitive therapy increased hope and was related to rapid early improvement. For therapy to be effective, clients must link hope for improvement to specific processes of therapy as well as to outcome (Wilkins, 1979). Overall, these studies suggested that helping professionals spend considerable time in the first few sessions shaping their clients' expectations of a hopeful, positive outcome by discussing the power of the treatment method and by pointing out success with comparable clients. Klein, Dittman, Parloff, and Gill (1969) indicated that this type of approach helps turn the patient's hopes for success into concrete expectations.

Seligman

Seligman (1990) viewed hope as an art that is essential to overcoming helplessness and despair. He stated that if the temporary causes of misfortune are understood and if clients have hope, then helplessness is limited. Additionally, if people know the universal causes of their misfortune and if they have hope, then hope can limit the spread of helplessness.

Seligman's (1990) premise is that having hope depends on two dimensions—pervasiveness and permanence. Pervasiveness is about viewing events as specific or as universal; permanence is about viewing things as temporary or else unchangeable over time. To be hopeful a person should look at events as specific—not catastrophizing or generalizing them to other events. Additionally, to be hopeful a person should look at events as temporary, using words such as s*ometimes, or lately bad things have happened,* and thinking that bad things will not *always* happen. In his self-test about one's personal level of optimism, Seligman stated, "Nothing is as important as your hope score" (p. 49).

These authors pointed out aspects of the hope construct that help make hope visible. Dufault and Martocchio (1985) discussed generalized and particularized hope. Snyder (1999) identified hope as having goals, willpower, and waypower. Jevne (1993) described hope as in the realm of being, not doing, and she identified practical strategies for sources of hope. Nekolaichuk (1995) referred to dimensions of hope as risk, personal spirit, and authentic caring. Frank (1982) distinguished factors in a counselling relationship that mobilized hope. Seligman (1990) understood dimensions of hope as perceptions of pervasiveness and permanence. By making hope visible, helping professionals can be taught to use applicable components of the hope construct.

Approaches to How Helping Professionals Learn

Answers to the research question "How do helping professionals learn about hope in practice?" are multifaceted. How humans learn has been a central theme in psychological research for the past several hundred years (Gagne, 1984b). Definitions of learning, which are presented first, provide a reference point so that at the end of this study an assessment can be made as to whether the participants learned about hope in practice. The learning approaches of Stoltenberg and Delworth; Sawatzky, Jevne, and Clark; and Benner have laid a framework for understanding how learning changes behaviour. Other learning approaches have presented a framework for teachers to consider when planning a curriculum, including conversational learning, learning styles, types of learning, and learning levels. The final consideration for teachers is maximizing the use of the zone of proximal growth, scaffolding, and critical reflection.

Definitions of Learning

Lefrancois (1997) defined *learning* as the acquisition of information and knowledge, skill, habits, attitudes, and beliefs. From another perspective, learning entails the discovery of "what leads to what" (Tolman, 1932). Gagne (1984b) indicated that learning is a change of state that is remembered and makes possible a corresponding change in behaviour.

Learning Approaches

Stoltenberg's (1981) and Stoltenberg and Delworth's (1987) model are presented first because it is a seminal piece of work about counsellor development. Next, Sawatzky, Jevne, and Clark (1994) provided a metaphor of counsellors' learning; then Benner's seminal approach concludes this review.

Stoltenberg

Stoltenberg (1981) and Stoltenberg and Delworth (1987) developed an integrated developmental model for counsellors. The first level has a high degree of dependence on the supervisor; next there is dependency-autonomy conflict between the trainee counsellor and the supervisor; then there is a peerlike relationship with a supervisor; and, finally, the level of master counsellor is achieved. The other part of this model has three structures: self-other awareness, motivation, and dependency-autonomy. Supervisees continuously progress in each of the three structures and across the four levels. At Level 1 the student begins with high motivation, is dependent on the supervisor, and has limited self-other awareness. At Level 2 supervisees show increasing self-other awareness; however, there are motivational fluctuations and a dependency-autonomy conflict with the supervisor. At Level 3, typically, "structural flexibility" has developed so that the student can use whatever structures best fit a situation. Last, with experience and integration, students achieve mastery at Level 4.

Sawatzky, Jevne, and Clark

Sawatzky et al. (1994) studied student counsellors during their doctoral internship. They found that students develop cyclically with the themes of experiencing dissonance, responding to dissonance, relating to supervision, and feeling empowered. Using the metaphor of a spiral injects a sense of movement back and forth as students learn, try things out, sometimes fail and fall back, and then continue moving upward in the spiral.

Sawatzky et al. (1994) and Friedlander, Keller, Peca-Baker, & Olk, (1986) observed that in a learning situation, dissonance such as anxiety is normal, creating opportunities to grow through a trainee's experiences and struggles. Working through anxiety can enhance therapeutic competence by building skills and by developing self-efficacy (Flessati, 1997). However, others (Costa & McCrae, 1994; Freeman, 1993) viewed anxiety as nonproductive and interfering with learning.

Benner

Benner (1984) is a seminal author regarding understanding the differences between a beginner and an expert nurse providing patient care. Her findings are based on analysis of critical incidents in nursing care. Therefore, her methodology is a good reference for a study such as this one about hope because this hope study also seeks to glean an understanding from observations of helping professionals while they are in actual practice. Her work identified performance characteristics for each stage of development, from novice to advanced beginner, competent, proficient, and expert.

Conversational Learning

The conversational learning model points out that conversations help construct meaning and transform experiences into knowledge (Kolb, Baker, Jensen, & Kayes, 2002). There are five streams of meaning making in conversations; specifically, hear others, heard by others, aware of others, differ with others, and compare with others (Jensen & Kolb, 2002). Stated in a different way, the five streams are resonating and reflecting, expressing and interacting, attending and appreciating, interacting and conceptualizing, and listening and analyzing (Jensen & Kolb, 2002). This is an important model for this study because learning occurred during conversations in the group training.

Learning Styles

Another type of learning model is learning styles. Reay (1994) classified learning styles as activists, reflectors, theorists, and pragmatists. In order to accommodate Reay's four different styles of learning, teachers should have activity-based learning for activists, private study and reading assignments for reflectors, conceptual models and scientific approaches for theorists, and hands-on experiences and personal coaching for pragmatists (Reay, 1994).

Types of Learning

Schon and Argyris (1974, 1978) developed the notion of single and double loop learning to explain what happens when people fail to meet their goals. Narrow, single loop learning is when a person continues trying out the same or similar strategies and continues to fail because of counterproductive governing values such as wanting to be in control and avoiding negative feelings (Argyris & Schon, 1974, 1978). These values and the surface level assessment of the problems prevent critical reflection into the reasons for the failure. Double loop learning occurs when a person becomes critically reflective and digs below the surface to identify unstated values, assumptions, and judgments that govern actions and that create the learning block (Argyris & Schon, 1974, 1978).

The difference between single and double loop learning is the process of critical reflection. Learning capacity is enhanced when people are reflective; that is, they encourage themselves to take time to question the process and to ask for feedback. Reflection is what drives learning (Watkins & Marsick, 1993). Additionally, critical reflection, in which time is taken to look deeply at one's situation to identify values, assumptions, and beliefs, enables people to see how their actions have been shaped by their personal experiences (Watkins & Marsick, 1993).

Learning Levels

Bloom (1971) and Gagne (1984b), who updated this seminal model about the logical progression of learning levels, provided a hierarchical way to assess participants' stages of learning. In the model there are six levels of difficulty to consider when designing a curriculum. Learners typically start with learning "knowledge," then they seek to "comprehend" or understand the new knowledge, and then they are ready to "apply" this theoretical knowledge. Once the learning is being used and skills are developing, then the fourth level is to "analyze," including criticizing, debating, questioning, and testing the knowledge and skills by breaking them down into components. The fifth level is to "synthesise" the knowledge and abilities, thereby fully creating and cementing in a new learning. The final level is to "evaluate," which includes being able to explain and interpret the new knowledge and skills to other people, as well as being able to validate, argue, and justify the new learning. The lower levels of learning—that is, knowledge, comprehension, and application—are as important as the higher levels because the lower levels are the learning foundation (Gagne, 1984a). Having reviewed some learning models, next is a review of several learning supports that enable learning to occur seamlessly.

Zone of Proximal Growth and Scaffolding

Vygotsky (Cole, John-Steiner, Scribner, & Souberman, 1978; Rieber & Carton, 1987) identified the importance of learners having educational experiences within their zone of proximal growth. The zone of proximal growth is the zone within which individuals should initially be given activities that are neither too difficult nor too simple to accomplish—tasks that are within their zone to accomplish. With coaching and with imitating the teacher, learners should be able to understand and accomplish increasingly difficult tasks over time.

Complimenting the zone of proximal growth is the use of scaffolding, which is also a Vygotsky (Rieber & Carton, 1987) concept describing teaching supports that aid learning. Learners can do better when prompted or "scaffolded" by a teacher compared to learning on their own. Scaffolds are described as supports that help a learner accomplish things that would be otherwise too difficult to learn (Lefrancois, 1997). Examples of scaffolds include direction maintenance to keep the learner on track, marking critical features about the most relevant aspects of the topic, frustration control, and conducting demonstrations (Lefrancois, 1997).

Reflection

Reflection is at the centre of learning and is a concept dating back to Plato and Aristotle (Dewey, 1933; Naidu, & Oliver, 1999). Dewey identified reflection as a special form of thinking and argued that we can learn more from reflecting on our experiences then we can learn from the actual experience. Reflection uses previous knowledge to gain new knowledge, thereby providing additional learning opportunities (Naidu & Oliver, 1999). Recognizing learning opportunities is a higher-order cognitive skill that teachers should be developing in learners (Naidu & Oliver, 1999).

Reflecting on critical events requires skills that are essential to being expert learners (Naidu & Oliver, 1999). Reflective thinking skills lead to evaluating the results of one's learning efforts, enhancing awareness of effective learning strategies, and identifying ways to integrate these strategies for use in other situations (Ertmer & Newby, 1996). To facilitate genuine reflection, teachers must make time and guide the learners' efforts (Walters, Seidel, & Gardner, 1994). Perhaps a successful learner could also learn from the wisdom of Castaneda's Don Juan, who chose a path using his heart, followed the path, and learned to look, rejoice, laugh, see, *to see*, and finally to know.

Teaching

Responsibility rests with the teacher to create a learning environment and to guide the learning process. Teachers adjust to the rhythms of learning by recognizing that learning is an emotional experience, by fostering challenges, by encouraging reflective speculation, by building on the unexpected, by fostering a learning community, and by taking into account the different learning styles (Brookfield, 1990).

Sometime during the learning process the impostor syndrome may occur. Feeling like an impostor occurs at a fundamental psychological level when there are perceptions of crippling inadequacy (Brookfield, 1990). Brookfield suggested that teachers can minimize the ravages of this syndrome by regularly affirming students' sense of self-worth, discussing how they experience the syndrome, and encouraging them to discuss with each other when they feel this way in order to normalize the experience.

Summary

This literature review sets the stage for an exciting foray into studying a new aspect of hope. Understanding how helping professionals learn about hope is now beginning. This review showed that the hope construct has many components, that the negative aspect of hopelessness must also be taken into account by helping professionals, and that there are numerous hope models and approaches; however, there is a dearth of studies about how helping professionals learn about hope.

Learning approaches of conversational learning, learning styles, types of learning, and learning levels were reviewed. Descriptions were provided of the teaching concepts of the zone of proximal growth and learning scaffolds that support the teaching and learning process. There is urgency in understanding how helping professionals learn about hope in practice because the evidence is mounting that hope is an integral part of the helping process.

CHAPTER 3

METHODOLOGY

The purpose of this chapter is to describe the study methods. The study design, a case study approach, is described, followed by descriptions of participants, data collection procedures, a discussion of the role of the researcher, data analysis, ethics, trustworthiness, reflexivity, and limitations of this study.

Case Study Approach

A case study approach, as described by Gall, Berg, and Gall (1996), was used to study the phenomenon of hope. According to Yin (1982), the case study answers how and why questions. How and why questions were some of the main questions in this study: "How do helping professionals learn about hope in practice? Through what processes do helping professionals learn? Do helping professionals change as a result of being exposed to hope? Does participants' level of hope change during the training?

This case study focused on a unit from which the data were collected and analyzed (Hammersley & Gomm, 2000) because, according to Stake (1995), it is important to clearly define the parameters of the case. For the purpose of this study the parameter of the case, or the case unit, is a collective case (Stake, 1995) of two groups of participants who were taught about hope. Within the collective case are three individual cases that present the learning process of three participants.

A major advantage of the case study approach is that the concrete, contextual data are presented in such a way that the readers are encouraged to build on their own experiences, including generalizing to their own experiences (Stake, 1981). However, Stake (1994) cautioned about the importance of documenting how participants come to understand their views and unique features; otherwise the reporting could lead readers to see phenomena too simplistically. Keeping Stake's caution in mind, this study presents an in-depth look at the learning process of two different groups of helping professionals.

The case study approach offers the dual benefits of developing knowledge and searching for a remedy to a practical problem present in the case (Bromley, 1986; Eisenhardt, 1989). Another benefit of the case study is the inherent exploratory potential and the structural flexibility to add or to change research methodologies in order to find ways to understand a complex concept (Simons, 1996). This flexibility envisioned by Simons was needed to incorporate various methods to gather and analyze different kinds of data to help in the pursuit of the themes hidden in the hope data and, ultimately, to better understand how helping professionals learn about intentionally using hope.

Lincoln and Guba (1979) pointed out the importance of writing "thick descriptions" of the case under study so that there can be a transferability of conclusions based on the ability to judge a similarity of fit between two studies. Donmoyer (1990) broadened the concept of similarity of fit by stating that differences can be equally illuminating. He added to the list of the advantages of case study approach, indicating that they portray events from a personal perspective, from experiential knowledge. This experiential knowledge approach is a good fit for a concept such as hope because it helps make visible what is commonly an invisible concept.

A major disadvantage of the case study method is the extensive amount of time required for data collection and analysis (Bassey, 1999). This study took two years to complete the data gathering and another year to finish the analysis. However, this was the first opportunity to study two groups of helping professionals being taught about hope. In addition to the teaching being in a developmental phase, the hope-focussed concepts were also being further developed. These concepts had never been taught before to helping professionals over a six-month period.

In this context of studying how participants learned and then immediately applied the hope concepts, the case study approach provided the mechanisms to help connect research findings with practical applications (Bassey, 1999). It was an opportunity to bring research closer to practice by assisting in the understanding about learning and teaching of hope-focussed counselling. A unique opportunity to study the early stages of how helping professionals learned to intentionally use hope was experienced.

The Training Program

The training was advertised as the first "workshop" designed "to bring together people who are using hope as an intentional intervention in counselling." The objectives of the first program were to "participate in experiential learning exercises and contribute to the Hope Foundation of Alberta's growing body of knowledge about hope in the counselling relationship." The objective of the second program was to "practice the skill of monitoring [your] own hope and . . . learn how language can be used to draw out, support, and inject hope into counselling interventions. We will study with the use of case studies and group discussion." Because a range of helping professionals enrolled in these sessions and many were not counsellors, there was a lesser emphasis on counselling and more emphasis on generally using a hope focus in professional practice. There was also a shift from being psychotherapeutic training sessions to being more general training sessions. The second group benefited by having more curriculum content because there were more knowledge and skills about hope to teach.

Having a first group and a subsequent group one year later provided information about the progression of hope-focussed training. Two-hour training sessions were held monthly for six months at Hope House, home of the Hope Foundation of Alberta. The first group was used as a pilot group so that the research became a formative process in which the pilot group helped refine the blueprint of plans for the second group in this case study (Yin, 1982).

Participants

This study followed the first two groups of helping professionals who enrolled in "Introduction to Hope-focussed Counselling" training sessions offered by the Hope Foundation of Alberta. Studying these training sessions provided a unique opportunity to be part of the early stages of theory building and the beginnings of formally developing a method to teach hope-focussed counselling.

There were 14 participants' in this study, and the average age for both groups was 41.4 (range 29-53); additionally, the learning leader was also part of the study. She is discussed separately. All participants in both groups were women who were Caucasian except one, who was Chinese. All lived in Edmonton, Alberta. All had postsecondary education and were employed. Both groups had several members who had been working with hope and who wanted formal training to improve their hope-focussed skills. These participants were a few months more advanced in using hope, so their experiences provided additional dimensions to understanding the learning process. In the first meeting, all participants signed an informed consent form (see Appendix A), and they were given the study description (see Appendix B).

First Group of Participants

There were seven female participants in the first group (see Table 1). Their average age was 42.9 (range 32-53). The participants selected their pseudonyms. Hanson's (1981) recommended optimal size of group for learning is six to eight. The size of each group was seven.

Table 1

Profile of the First Group of Participants

Name	Age	Education	Occupation
1. Carmen	53	PhD Educational Psych (in progress)	University student
2. Faith*	41	MEd School Counselling	School counsellor
3. Jade*	32	MEd Counselling Psych (in progress)	University student & counsellor
4. Moon	42	MA Counselling (in progress)	University student & physical therapist
5. Nadine	45	Registered nurse	Parish nurse
6. Sara*	42	M Elementary Ed (in progress)	School teacher
7. Sasha*	42	MEd Psych	School counsellor

*Four participants with previous hope-focussed training

Faith, Sasha, and Sara had previous hope training by taking the University of Alberta Educational Psychology summer session university course titled "Hope and the Helping Professional" in the summer of 1999. After this course, Faith began using hope in counselling, but with difficulty. She would ask one or two hope-focussed questions and then revert to her old skills. Faith, along with Sasha and Sara, wanted to continue to learn to use hope, so that was the reason for taking the hope training. Jade had already been receiving supervision for several months to learn about hope-focussed counselling, so she had two months of additional training through supervised practice in learning about hope. There was almost perfect attendance at all of the training sessions.

Faith is one of the three individual cases. Faith represents the first group based on her 100% compliance with completing the pre and post essays and writing eight critical incident reports. In addition, Faith's learning is described in the most depth because she brought difficult issues back to the group training sessions for advice, thereby linking individual learning to the group learning. Faith chose pseudonyms for her two clients, David and Jody. Faith's learning process provides a deeper level of understanding about how helping professionals learned to use hope.

Second Group of Participants

There were seven female participants in the second group (see Table 2). Their average age was 39.3 (range 29-53). Two were counsellors.

Four participants had previous hope-focussed training or had been self-trained about hope. Sandra and Lise—pseudonyms for two group members who chose not to fully participate in the research—took the course titled "Hope and the Helping Professional" in the summer of 2000. They were already working with hope before the sessions started. Lise and Sandra subsequently gave permission to quote their comments from the training sessions. Lise attended both research feedback sessions. Joey had self-trained to use hope in counselling, and she wanted to hone these skills. Ann had researched the concept of hope for her dissertation.

Table 2

Profile of the Second Group of Participants

Name	Age	Education	Occupation
1. Angel	53	Rehabilitation Practitioner Dip.	Community support worker
2. Ann	29	PhD Philosophy	Postdoctoral student
3. Joey	45	M Theology (in progress)	Counsellor
4. Josephine	30	MD	Medical resident
5. Ruth	33	MSc Marital and Family Therapy (in progress)	Counsellor
6. *Sandra	46	B Education	Teacher
7. *Lise	-	Not interviewed	Former teacher

*Two participants with previous hope-focussed training

In the second group four of the seven group members attended all of the sessions. One person dropped out after two sessions because her workload was too demanding and she did not have the time during the workday; one participant came only to the first two and the final sessions because of her demanding workload and because she stated that she was feeling hopeless.

In the second group Ann and Ruth were selected as individual cases because they were 100% compliant in completing the pre and post essays as well as monthly critical incidents and pre and post interviews.

In addition to the 14 participants learning about hope, the learning leader was studied from the perspective of the content and the processes by which she taught hope. Wendy Edey gave permission to use her real name in this study because she is well known as a teacher of hope.

Learning Leader

Wendy Edey is a chartered psychologist working as a counsellor and hope trainer at Hope House. She had more then five years of experience in counselling and in hope training at the beginning of this study. She co-authored (Edey et al., 1998) the first publication on key components of the hope-focussed counselling approach. This monograph was given to all participants in this study.

Wendy's experience and training fall within the realm of being a master therapist. Jennings and Skovholt (1999) described characteristics of a master therapist from the three aspects of cognitive, emotional, and relational. Cognitively, counsellors are voracious learners, use their accumulated experience, and value cognitive complexity and ambiguity. Emotionally, counsellors are self-aware, reflective, nondefensive, open to feedback, mentally healthy, mature, and aware of their emotional health. Relationally, counsellors possess strong relationship skills, believe in a strong working alliance, and are experts in using relationship skills in therapy.

Wendy is a humanistic teacher. She supports self-directed learning by having participants define goals, identify hope resources, work through strategies on how to use hope in helping situations, and evaluate outcomes. According to Tennant (1993), these are characteristics of a humanistic teacher. She educated the participants about hope and created a supportive environment to help with changes in self-concept, attitudes, and understanding about hope (Tennant, 1993). For the first group in particular she stated that she purposely had not designed a curriculum from an adult educator's perspective. Instead, she used a counselling supervision approach blended with curriculum content on what was known about hope-focussed counselling to date. The title of both groups as "training sessions" sets the stage for the duality of placing the training in the realm of psychotherapy supervisory sessions and in the realm of an adult education training course.

Wendy is a facilitative trainer. According to Knowles (1972) and Pfeiffer and Jones (1975), the facilitative trainer approach recognizes that positive affect is fundamental in promoting effective, relevant, and retainable learning (Brookfield, 1990; Brookfield & Preskill, 1999). During both groups' sessions there was consistent positive affect as evidenced by comments during each training session regarding the helpfulness of the training. Positive affect contributed to more focussed teaching about hope, rather than having to deal with group interrelationship issues.

Wendy exhibits the traits of an excellent teacher, including humility, courage, impartiality, open-mindedness, empathy, enthusiasm, judgement, and imagination (Hare, 1993). In addition, teachers need to be cognizant of the growing emphasis on reflective practice as a way to promote deep, rather than surface learning in students (Brockbank & McGill, 1998). Wendy writes in a journal as an ongoing method to reflect on her teaching and on ways to improve the teaching content and process for subsequent groups, thereby role-modelling for the group the importance of critical reflection.

Data Collection Procedures

This study followed the many dimensions in the learning process of the two groups of participants as they struggled with applying the hope concepts, testing out new ideas, coming back to the monthly group sessions for help, and then going out again filled with new ideas on how to intentionally work with hope-focussed concepts. The results of the two group sessions are reported separately because the first group was a pilot group, because the groups were one year apart, and because they learned about different aspects of hope.

Because triangulation is an important element in data gathering, four methods were used to gather data about how helping professionals learn to use hope. Pre and post semi-structured interviews were the first and last contact with each participant. Second, along with the semistructured interviews was the assignment of writing pre and post essays. Third, all training sessions were audiotaped, and field notes were made for both groups. Fourth, participants handed in monthly critical incident reports about an issue with which they had been dealing over the past month. Critical incidents proved to be an excellent method to track the learning progress. Last, the first group of participants was asked to provide copies of client session notes when a hope focus was used. The data gathering methods of interviews, essays, group session audiotaping and observation, and critical incidents will now be presented.

Semistructured Interviews

Pre and post semistructured interviews (see interview plans in Appendixes C and D) provided demographic information as well as information about the participants' experience, education, ideas about hope, philosophy of life, and goals for the training sessions. Each participant and the leader in the first group were interviewed before the first session began. The second group of participants were interviewed after the first session because of late registrations.

The post interview format was similar to the pre interview except for a few summative, reflective questions (see Appendix D). Post interviews for both groups were held after the sixth training session. Each interview was one to one-and-a-half hours long. All pre and post interviews were audiotaped and transcribed.

A visual analogue scale (VAS) was placed on both the pre and post interview forms in order to determine whether the participants' level of hope had changed at the end of six months. During the pre and post interviews, the participants were asked to mark an "X" on a line on the interview form to identify their current level of state hope (see Appendixes C and D). The line was 10 cm long. The "X" was later measured, with 0 being the lowest score for *no hope* and 10 being the highest possible score for *a great deal of hope.*

An important aspect of validity is the VAS measurement's sensitivity to clinically relevant change. Other measurements such as the EuroQol (EQ-5D), which measures health-related quality of life, also use this clinically proven technique. The EQ-5D VAS uses a 20-cm scale anchored by 0 (*worst imaginable health state*) and 100 (*best imaginable health state*). Hollingworth et al. (1995), in patients undergoing magnetic resonance imaging of the knee, found that the EQ-5D VAS was not sensitive to change. However, Hurst et al. (1997), in EQ-5D VAS scores with rheumatology outpatients (n=233) over three months, found significant correlations with self-reported change. Johnson et al. (1998) found that the EQ-5D VAS scores were affected by age, gender, socioeconomic status, and chronic health problems. Given that the results of the EQ-5D were affected by these other variables, the results of the hope VAS in this study must be viewed in the context of this being an exploratory study and the quantitative results considered in conjunction with corroborating qualitative data.

Pre and Post Essays

Pre and post essays were written by participants in order to establish their level of hope and hopelessness prior to and after the six months of training. Each essay was a minimum of 200 words, because Gottschalk's suggested minimum is 85-90 words for a reliable sample to do a Gottschalk-Gleser Content Analysis (Gottschalk, Winget, & Gleser, 1969). The length of the sample increases the reliability (Gottschalk & Bechtel, 1995b).

For the first group, the pre essay was written before the training sessions began, and then the post essay was written shortly after the sixth session finished. For the second group this essay was written between the first and second training sessions because of late registrations, and then shortly after the sixth session finished. Instructions were to write an essay based on the stem sentence "When I think about working with people who appear to have no hope . . . ."

Training Sessions

Two-hour training sessions were held monthly for six months at the Hope House, home of the Alberta Hope Foundation of Alberta. All training sessions were audiotaped and then transcribed. I placed the tape recorder behind the circle of participants, trying to minimize a sense of intrusion and distraction. These sessions provided data about the training process and content.

Critical Incident Technique

Critical incidents were an important part of the data collection because this technique provides information about what and how people are learning. Flanagan (1953) developed the critical incident technique to evaluate reasons for the failure of United States Air Force students in training flights during World War II. Over the years users of this technique have found that competency is best judged by observing students' behaviours in situations requiring them to exercise the skills and judgement they are learning (Ingalsbe & Spears, 1979). This technique is beneficial in research because it gives rigor to the analysis of learning and, therefore, it has been used in counselling to better understand counsellors' professional development (Cormier, 1988; Ellis, 1991; Rabinowitz, Heppner, & Roehlke, 1986; Skovholt & McCarthy, 1988) and to assist counsellors in understanding how to help clients overcome depressed moods after an HIV+

diagnosis (Alfonso, 1997). It has also been used in hope studies ((Wong-Wyllie, 1997). Critical incident technique is an exploratory method that is both reliable and valid (Woolsey, 1986), with the advantage of being able to provide a procedure to gather important information about behaviour in a defined situation (Flanagan, 1953). Writing critical incidents in this study provided the hope learners with an opportunity to reflect and make connections between theory and practice (Naidu & Oliver, 1999).

Flanagan (1953) defined *incident* as any observable activity that is sufficiently stand-alone to permit making inferences and predictions about the person performing the act. He defined *critical* as having a clear purpose for the act and having definite consequences so that there is little doubt about its effects (Flanagan, 1953). These definitions were explained to each participant.

The two basic principles of this technique are that the critical incident report of behaviour is preferable to ratings and opinions based on general impressions and that only behaviours making a significant contribution are reported (Woolsey, 1986). The criteria to decide whether an event is critical are that the event actually happened and that it fits the definitions of critical and incident (Sawatzky et al., 1994). The report was expected to have a thorough description of events leading up to the incident and what happened and to contain a reflection about the incident. Using critical incidents while helping professionals learn to use a hope focus acknowledges that learning is an internal process observable mainly by the learner (Sawatzky et al., 1994).

For this study helping professionals provided a factual account of their own behaviour and that of someone else—either a friend or a client—during an incident that they deemed fit the criteria. Some participants wrote up to eight critical incident reports. A few participants chose not to participate in this part of the study because of the extra time required to reflect and write the monthly incidents. During the first semistructured interview, the participants were given guidelines about the definition and key elements of the critical incident reports (see Appendix E).

The critical incidents revealed how participants applied the theoretical knowledge discussed during hope training sessions. Benner (1984) contended that applied "know-how" can be developed ahead of the scientific theories. This applied know-how about hope-focussed counselling was developed over the past decade by Dr. Ronna Jevne, and Wendy Edey, both psychologists at the Hope Foundation of Alberta, which sponsored these training sessions. Understanding how participants take the theoretical ideas and apply them is particularly important in hope-focussed counselling because there is not yet much formal theory to guide it. This hope "know-how" is consistent with Benner's (1984) contention that applied knowledge can be developed long before any theory is developed.

Overall, three participants (Faith, Ann, and Ruth) wrote monthly critical incidents. The other participants did not because of being busy at work and having other priorities that took the time needed to write the incidents; however, everyone was positive about the concept of writing critical incidents.

Adjustments to the Pilot's Data Gathering Procedures

Based on the results of the first group, three aspects of the research plan were modified for the second group. First, the stem sentence for the Gottschalk-Gleser Content Analysis was broadened so that it was no longer specific to counselling psychologists; instead, it captured a more diverse field of helping professionals who had counselling as part of their role. The first stem sentence read, "When I think of working with a client who is hopeless, I . . . ," and the second group's stem read, "When I think about working with people who have no hope . . . ."

Next, the research question was broadened so that it was no longer specific to counselling because half of the first group were not full-time counsellors. There was a better fit when everyone was called "helping professionals."

Third, I did not ask the second group for client session notes because I received copies of two client session notes from only one participant in the first group. The participants who were school counsellors in the first group reported that they were reluctant to approach parents of their clients to get approval for copying session notes. Other participants did not record discussions with family, friends, and clients; therefore, client session notes were not used in this study.

Role of the Researcher

My plan when studying the topic of how helping professionals learn about hope was to find words for hope so that I could put "hope" on paper, so that it would entice others to read about how helping professionals learned about hope in practice. When I started writing this dissertation, I was a long way from feeling comfortable with putting hope on paper. I was worried about being able to express the feelings and struggles of others, let alone trying to express my own ideas. Yet I knew deep down that I could do it because I have a great deal of connection with hope and a great deal of motivation.

As part of the planning process, I carefully weighed what role to take during the training sessions. I investigated the traditional roles described by Gold (1958), Junker (1960), and, subsequently, Gall, Borg, and Gall (1996). The four roles described are that a researcher can be a complete participant, participant-observer, observer-participant, or complete observer. I could see the advantage to the role of complete observer as not actively participating, thereby giving me the time and space to sit in the back corner of the warm and hope-filled room at the Hope House and to concentrate on audiotaping the sessions and making field notes during the group sessions.

However, I also needed to interview the participants twice and encourage them to write their monthly critical incidents. This latter need suggested that my role was one of observer-participant. I needed to be a member of the group so that I could have a good relationship with each member, so that I could e-mail back and forth and talk to them about their monthly homework. Yet I did not want to interfere with my concentration while taping the training sessions or to bias how I was understanding the learning processes by becoming too involved with individual participants.

This quandary led me to answering the question "What is meant by participation?" I concluded that my situation fit well with Ashworth's (1995) ideas of participation. I developed a sharing of and attunement with the group's assumptions and expectations, an emotional and motivational attunement with the group's concerns, and I felt that there developed over time my acceptance as a member of the group. I tried to remain in a "not-knowing" mindset.

However, my new role as participant-observer became fraught with tension in the early part of the second group. According to Ashworth (1995), I had the dual task of entering into membership in the group and yet observing it so that I could describe it and theorize about it to the scientific community. Gold (1958) pointed out the inherent contradiction of being an observer and a participant. An observer is an onlooker and a participant is part of the action; the critical part when having a dual role is that the knowledge from the one role cannot be used in the other role. Ashworth (1995) expanded on this important distinction by noting that there is a "chasm of difference between the kind of typification required of an observer and an interactor" (p. 378).

My interests as participant-observer for the purpose of gathering data were different from the group's interests in learning. Ashworth (1995) confirmed this distinction in that a participant observer may appear disquietingly objective. In retrospect, I felt somewhat restricted by not having the ethical right to speak because I was not truly part of the learning group; however, I balanced that with the importance of continuing to gather data objectively.

Richardson's (1991) answer to this dilemma is for the participant-observer to find a niche in the group, to become a part of the group by being in a role that is acceptable to the group. This niche creates a space for allowing the investigator to do the work of observing the group. Shaffir and Stebbins (1991) encouraged assimilation as one way of being adopted into a group. I attempted assimilation into the group by pointing out that my learning goals coincided with each participant's learning goals and with the overall group goals. I also claimed some expertise in the field of hope based on studying clients' hope in counselling for my master's degree in educational psychology (Massey, 1998). These activities relieved the tension created by the research.

Data Analysis

An exploratory qualitative study was designed to investigate and answer the research questions. A quantitative design was also included for selected aspects of data analysis. Two software programs, NVivo and Gottschalk-Gleser Content Analysis, were used in the data analysis. While planning my research, I investigated several software data management programs because I knew that I would have a large volume of information. I estimated, based on the first group's information, that there were 60 pages for each of the 12 training sessions, up to

4 pages for each critical incident, 1 page for each of the 24 Gottschalk essays, and up to 6 pages for each of the 24 semistructured interviews, totalling between 800 and 1,000 pages of text. I wanted to avoid the frustration factor inherent in the traditional cut-and-paste method of identifying and organizing categories of information.

I found NVivo faster, more flexible, and more fun than the traditional cutting and pasting of data. NVivo rescued me from the tedium and physical repetitiveness of cutting and pasting codes and categories. It also facilitated interactive browsing so that I could scan and recode large documents as I changed my mind and saw different categories to code. I could also give multiple codes to one part of a text. This is consistent with the findings of Richards (1999), who pointed out that the advantages of NVivo include the ease of linking data and the ease of data integration.

Overall, by using NVivo software I could run reports to see hard copy and make notes whenever I felt the need to spread out the data to compare all of the information related to a category. As a bonus, all categories were linked to the text so that I could easily go back to the source document if I needed contextual information. Once the first group's data were transcribed in Word 2000, I copied the verbatim transcripts into NVivo. There was no need to prepare any documents. I read each document and coded at the same time, watching the codes appear along the right-hand side of the document in various colours.

I also liked the flexibility of being able to retrieve everything about a topic and then ultimately to "interrogate the data" directly (Richards, 1999, p. 14) and to iteratively build an understanding of the learning process. However, I am reminded by comments on the QSR, NVivo chat line that computers are only a tool; researchers must use their own expertise and keep in mind that computers never enforce closure! Computers help with data management, tracking, sorting, coding inductively, exploring, and modelling (Miller & Crabtree, 1999).

Gottschalk-Gleser Content Analysis

The participants' essays and critical incidents were analyzed using the Gottschalk-Gleser Content Analysis to determine the participants' levels of hope and hopelessness. In addition, the critical incidents were content analyzed to determine the participants' levels of hope and hopelessness over time. The data from three participants, who were selected to be individual cases, were analyzed to determine individual learning patterns. Their analyses are presented as individual cases, providing a sense of the fluctuation in the levels of hope as the learning progressed. There was an extra sense of reassurance and validation when the quantitative data supported the qualitative data findings.

The content analysis procedure about what people say or write and how strongly they may feel about the subject matter was developed in 1969 to measure certain mental or emotional states or traits (Gottschalk, 1995). The Content Analysis measures the frequency of the occurrence of common neuropsychiatric and neuropsychobiological dimensions based on the unit of analysis of the grammatical clause in each written sentence (Gottschalk & Bechtel, 1995a). Extensive reliability and validation studies using this method have been published involving many languages, and these studies confirm that these content analysis scales can be reliably scored and have construct validity (Gottschalk & Bechtel, 1995a). The reason that the Gottschalk-Gleser Content Analysis was selected is that it contains a Hope Scale measuring hope.

The Hope Scale

The purpose of the Hope Scale is to "measure the intensity of optimism that a favourable outcome was likely to occur" (Gottschalk & Gleser, 1969, p. 247), and this purpose has not changed (Gottschalk, 1995). The stated purpose of the Hope Scale, which interchangeably uses the word *optimism* with *hope*, is evidence that more work needs to be done to delineate the distinctions between hope and optimism.

The Hope Total Score includes four hope and three hopelessness measures. The same three hopelessness measures comprise the Hopelessness Subscale found in the Depression Scale. However, because there is no way to separate out the three hopelessness categories that are calculated in the Hope Total Score, e-mail discussions were held with Gottschalk and Bechtel (personal communications, June to August 2001) to identify a method to remove the hopelessness criteria from the Hope Total calculations, given that this study is a study about hope. Bechtel (personal communication, April 23, 2001) suggested using the corrected score (see Appendix F for further information about the corrected score).

The Gottschalk-Gleser Content Analysis software measures hope by assigning a weight of +1 for phrases in an essay that fit any of the four positive hope content categories and a weight of –1 for phrases that fit the three hopelessness content categories, resulting in the hope measurement containing a measurement of hopelessness. A mathematical formula is then applied to obtain the hope "Human Equivalent" (HE) scores (see Appendix F). An explanation of the Human Equivalent is provided in Appendix F, along with a description of the seven items used to measure the Hope Total Score. The advantage to using the Hope Total Score is that there are norms. The mathematizing of frequency of occurrence into a Human Equivalent (HE) score enabled a comparison of participants' pre and post hope and hopelessness scores.

High hope scores derived from the Gottschalk-Gleser Content Analysis of speech are "intended to be of predictive value with respect to human survival, the preservation or enhancement of health, or the welfare or constructive achievement of the self or others" (Gottschalk, 1995, p. 23). High hope scores correlate with greater mental health of individuals, suggesting that hope appears to serve a protective function in mental health (Gottschalk, 1994). This finding complements an earlier report from Perley, Winget, and Placci (1971).

A participant's hope score can change over time, depending on what is happening to the subject; thus the scores are contextual and are state hope scores (L. A. Gottschalk, personal communication, December 21, 2000). In addition, there can be psychosocial influences on the Gottschalk-Gleser scores from age, gender, or socioeconomic status (Gottschalk, 1999). No studies were found that showed any psychosocial influences on the hope and hopelessness scores. Gottschalk (personal communication, December 21, 2000) stated that the content analysis is based on a belief that the hope score is a changing psychobiological dimension. For example, life events and stresses can change the level of hope. This fluctuation also suggests that the scale measures state hope, not trait hope. Some people oscillate a great deal in their hope, and some do not (L. A. Gottschalk, personal communication, December 21, 2000).

Hopelessness Subscale

To measure hopelessness as a separate category, the software uses the same three hope categories with negative weights. The only difference between measuring hope and hopelessness is that the Hope Total is calculated using seven categories—four positive categories and three negative categories, with the three negative hope categories being assigned a weight of -1—whereas the Hopelessness Total uses only the three negative categories; they are the identical negative categories used to measure hope.

PCAD 2000

Gottschalk-Gleser's Content Analysis of Verbal Behaviour offers a software program for assessing participants' emotional states (Gottschalk & Keating, 1993). The "Psychiatric Content Analysis and Diagnosis" (PCAD) software was used in this study to analyze participants' pre and post levels of hope and hopelessness.

The Gottschalk PCAD 2000 was used to reduce rater error and for fast and efficient scoring. It is quick and consistent in calculating the hope and hopelessness scores. Interscorer reliability between automated and human scoring was 0.80 and above for total scores and most subscale scores (Gottschalk & Bechtel, 1995a). Both the human equivalent scores and the corrected scores for the essays and the critical incidents were calculated.

Data Interpretation

Data from the learning process of the two groups were analyzed in two parts, a qualitative part and a quantitative part. In response to the research question "Do participants' levels of hope change during the training?" the Gottschalk-Gleser computerized Content Analysis provided quantitative information about each participant's levels of hope and hopelessness based on their pre and post essays and on their critical incidents. A visual analogue scale located on the pre and post interview forms also provided information about the participants' state levels of hope.

Qualitative analysis of the data occurred from two perspectives. First was the broad perspective of how the two groups learned while in the six training sessions; second was from the perspective of three participants as individual cases.

From the broad perspective, when I analyzed transcripts of the two groups' training sessions, I created categories based on how the group leader taught the sessions, the learning themes, the training techniques, whether the first group was different from the second group, as well as the openness to other categories that emerged from the data. The data were analyzed as individual cases for three participants, then developed into what Stake (1995) called a collective case study.

Three participants were selected as individual cases because they were 100% compliant in completing pre and post essays, pre and post interviews, and monthly critical incidents. Faith from the first group and Ann and Ruth from the second group depicted the progress of learning about a hope focus and how to intentionally integrate hope in practice. As well, because Faith completed additional critical incidents and because she regularly brought issues back to the next monthly training session for help, her case is enhanced by following her learning through her participation in the six months of training sessions. These three cases are supplemented by excerpts from the other participants in order to demonstrate individual differences in the hope-focussed learning process. The second group's training sessions are summarized to provide information about the content and techniques used in the hope-focussed training and to depict the group learning content and hope theory development.

To develop categories the constant comparison method of identifying and comparing data fragments (Glaser & Strauss, 1967) was used. The analysis process was also guided by a combination of Miller and Crabtree's (1999) description of the editing and the immersion and crystallization analytical processes.

When analyzing, I reviewed the documents from an editorial perspective, looking for meaningful segments. Each segment was then defined and coded. After all the data were transcribed, the session transcripts, pre and post interviews, pre and post essays, and critical incidents were read for the first time to obtain a general sense of the categories. The seventeen critical incidents written by Faith, Ruth, and Ann were used because they were 100% compliant in writing monthly critical incidents. The twelve pre and post essays written by Faith, Sasha and Jade in the first group, and by Ruth, Ann, and Angel in the second group were used because they were 100% compliant in completing both essays. Topics used from the pre and post interviews augmented observations from the group sessions, such as definitions and symbols of hope, what the participants had learned over the six months, and what was remaining to be learned. Therefore, the data from the group sessions became the main source of answering the research question of how helping professionals learn about hope in practice.

A typist transcribed the 24 hours of audiotapes from the 12 group sessions into Word 2000. The interview notes, the essays, and any critical incidents that were not e-mailed in a form that could be copied into NVivo were typed. Early in the data gathering process I immersed myself in the data located in NVivo, becoming familiar with all of the descriptions and obtaining a general impression of the information and where it was located. In the second reading a gross coding of categories was done. NVivo was a significant help by providing the options to colour-code, change font, capitalize, and bold, for later ease of reference and generally to make use of the editing options.

All text was reread a second time, resulting in the addition of a few categories. Consistency in coding categories was double-checked according to my definitions. Then the 96 codes were edited and sorted into similar categories with titles such as *goals* and *learning outcomes*. At the third reading the text was scanned for omissions or contradictions with other sources of data. The fourth reading was done to look for alternative understandings.

Following Miller and Crabtree's (1999) immersion and crystallization process, the coding of the data was checked and rechecked four times. Categories started to link together. Consistency of coding was essential because, as Hammersley (1990) indicated, reliability is the degree of consistency with which instances are assigned to the same category on different occasions. During this coding process the ideas crystallized. Crystals are the relationships and patterns in the data (Miller & Crabtree, 1999). Once relationships and categories were identified, then general themes were developed.

Establishing categories was an emergent, iterative process. Once they were coded, I ran reports, either by single category or by combinations of categories, as themes emerged over time. Ease of reporting is a strength of using a data management software program. After completing the analysis and writing the results, I then did a fifth and final scan of all of the data to ensure that I had not missed a category, that there was no duplication, and that my interpretation was consistent with the context from which a category was derived.

I also ensured that these categories reflected what the participants experienced by member checking the results of the Gottschalk-Gleser analysis of the levels of hope and hopelessness and the preliminary categories and interpretations. I member-checked by e-mailing and telephoning the first group of participants. I e-mailed each participant a copy of a draft summary of their critical incidents and their learning curves based on their level of hope and hopelessness measured by the Gottschalk analysis. All of the participants had only a few minor edits regarding their personal summary. Next, I met with six of the participants from both groups who were able to meet on the evening of June 10, 2001. During this meeting at the warm and friendly Hope House, I gave all of the participants who attended their copy of a revised draft summary about their critical incidents and their learning curves.

The one significant change in my data interpretation that occurred from this member checking was that the group did not think that *learning curve* was a good representation of their learning over time. Based on the ups and downs of each participant's learning, they connotated the learning curve with a normed bell curve. They did not think that their fluctuating learning was represented by a curve. Instead, after much discussion, group consensus was to call it a *learning line*, so I made the changes in this document to call it a learning line. I also presented preliminary themes about hope definitions and descriptions, metaphors, symbols, and Wendy's observations about key learning points arising from the first group.

A final meeting was held two years later, on March 27, 2003, when I invited all of the participants from both groups to join me in a discussion about my hope study findings. Three participants, along with a few other interested people, attended. During the discussion one participant added the information that the lily of the valley is the symbolic flower of hope, suggesting that symbols are important for her hope. There was agreement on the themes and findings presented. Other validity checks included ongoing cross-referencing with the literature review and adding topics as needed, having a transparent audit trail, and doing all four recommended readings to code the data.

In summary, I decided to chronologically present highlights of the learning process in the second group's training sessions as a rich description of how the participants learned to intentionally use a hope focus. Supplementing the group learning process, I selected the three participants who wrote monthly critical incidents, and I summarized their learning as a rich way to demonstrate individual differences in the learning process. I also presented hope and hopelessness levels quantitatively as an additional way to depict the participants' learning over the six months of training.

Ethics

Ethics approval was received from the University of Alberta Faculties of Education and Extension Research Ethics Board for each group prior to data gathering. Informed consent was obtained from the first group prior to the initial session. Unfortunately, for the second group, because of last-minute registrations, informed consent was not obtained from the participants until after the first session. As a result, two of the group members initially declined to be participants. Later, they did consent to participate in the study.

Despite my efforts to have a smooth data gathering process, at the start of both sessions several group members raised concerns about confidentiality when talking about third parties because of the audiotaping of the sessions. They talked about invading privacy by having discussions about their family, friends, and clients recorded. In the first group, once they were assured about the confidentiality of the information, that pseudonyms were used, and that they would see a draft if their case was used, this topic was never brought up again. Unlike the first group, the second group did not know about the research until they arrived for the first session. Confidentiality was achieved during the first session by shutting off the tape recorder whenever they asked so that personal information would not be recorded. Before the second session I met with each group member who volunteered to participate for the "pre interview," got to know them, spent time talking about my role, and answered any concerns they had. The request to shut off the tape recorder was never made again. In summary, Miller and Glassner (1997) observed that "research may provide access to the meaning people attribute to their experiences in the social world (p. 100). I learned that to access the meaning that people attribute to their experiences, there must first be relatedness established with people.

Because of this difficult entry into the field for the second group, guidance was sought about using third-party information. Guidance for what constitutes an invasion of privacy is offered by the Office of Science and Technology (1967) and by The Canadian Code of Ethics for Psychologists (Sinclair & Pettifor, 1991). Other ethical considerations guiding this study are the aspects of doing no harm, respecting privacy and confidentiality, having informed consent, and having an educative component (Erlandson, Harris, Skipper, & Allen, 1993; Kimmel, 1988).

For the second group it was more difficult to develop rapport because of their initial surprise at the presence of a researcher and a tape recorder. This upset in the second group pointed out the importance of a well-planned entry into the field and demonstrated what it is like not to initially have trust from each participant. This upset presented the opportunity to really understand what is meant by negative hermeneutic. Negative hermeneutic, according to Paul

Ricoeur, is looking for the absence of something; the absence then tells what it is like when that something is there (Klemm, 1983; Thompson, 1981). For example, in this study, when there was no trust initially in the second group because they did not yet know me, I clearly understood what a distrustful situation is like. From that comparison I was better able to appreciate what a trusting situation is like, such as that in the first group.

I added an educative aspect to the ethical considerations by giving feedback to the participants on the results. I invited all of the participants to a presentation at the Hope Foundation of Alberta on June 12, 2001. The following week, June 17, 2001, I again presented to a few more participants and to others interested in hope research. Subsequently, on March 27, 2003, I presented my findings to the participants at the Hope Foundation of Alberta. Having had difficulty obtaining the trust of the participants in the second group, I subsequently ensured that there was trustworthiness in the data and in the analytical process.

Trustworthiness

Understanding how the participants learned about hope led me to use a variety of validity practices as depicted in Table 3.

Having validity in this study points to having a systematic process for data gathering, transcribing, organizing, analyzing, and continually being reflexive. Reflexivity is discussed separately because it is important in the analytical process.

Table 3

Validity Practices

Validity practice	**Explanation of activity**
Data gathering by triangulation.	Used four sources of data: semi-structured interviews, essays, training sessions, and critical incidents.
Having a prolonged engagement with the data sources.	Spent six months gathering data from both groups; met with participants individually pre and post training.
Persistent observation to provide depth of information and help sort out what is relevant.	Observing and making field notes of group and individual learning over time during the two-hour training sessions.
Organizing and managing the data	Using NVivo software to be close to the transcribed data and to systematically find data.
Interpreting the data	Systematically reading all documents 5 times, especially the group session transcripts. Coding categories and rechecking 4 times. Searching for alternative categories and themes. Added interpreting the critical incidents which originally just measured hope levels over time. Member checking individually first, then in two feedback sessions (June 12, 2001, March 27, 2003) Respecting the multi-voices of participants by quickly responding to any questions. Established positive rapport with all participants so they freely asked questions about writing the essays and critical incidents. Expanded the Literature Review to provide background meaning and context, e.g., Hope synonyms, metaphors/symbols. Thick descriptions of the three individual cases, the learning process and the learning content. Having a transparent trail for replicating. Continually being reflexive.

Reflexivity

I was introduced to reflexivity by a member of my research committee who suggested several references (Ashmore, 1989; Hertz, 1997; Seale, 1999; Steier, 1991). Building reflexivity into the research process is a benefit because there is a more complete description of the process through which knowledge is acquired, it helps prevent making wrong assumptions, and it helps promote a more ethical approach in the research (Hertz, 1997). Kagan (1966) found that reflective students are generally better thinkers.

To reflect means seeing images, as in reflecting from a mirror, based on the prefix "re," which means back or reversed; also, it means thinking deeply and deliberately about something (Ashmore, 1989). This deeper thought process paved the way to more awareness about hope in practice. Woolgar (1981) defined the reflexive process as going back and forth, whereas Ashmore (1989) saw it as a circular process. Both Woolgar and Ashmore saw reflexive learning as a linear, back-and-forth movement, as well as a continuous, circular, connective, ongoing process. In addition there is an up and down, spiralling emotional roller coaster at times.

A significant part of the interpretive process in this study used reflexivity. The long span of time and stages of activities provided opportunity for reflexivity. Specifically, data collection and analysis occurred from January 2000 until December 2002. A timeline depicts the data collection and analysis for the two groups (see Figure 1).

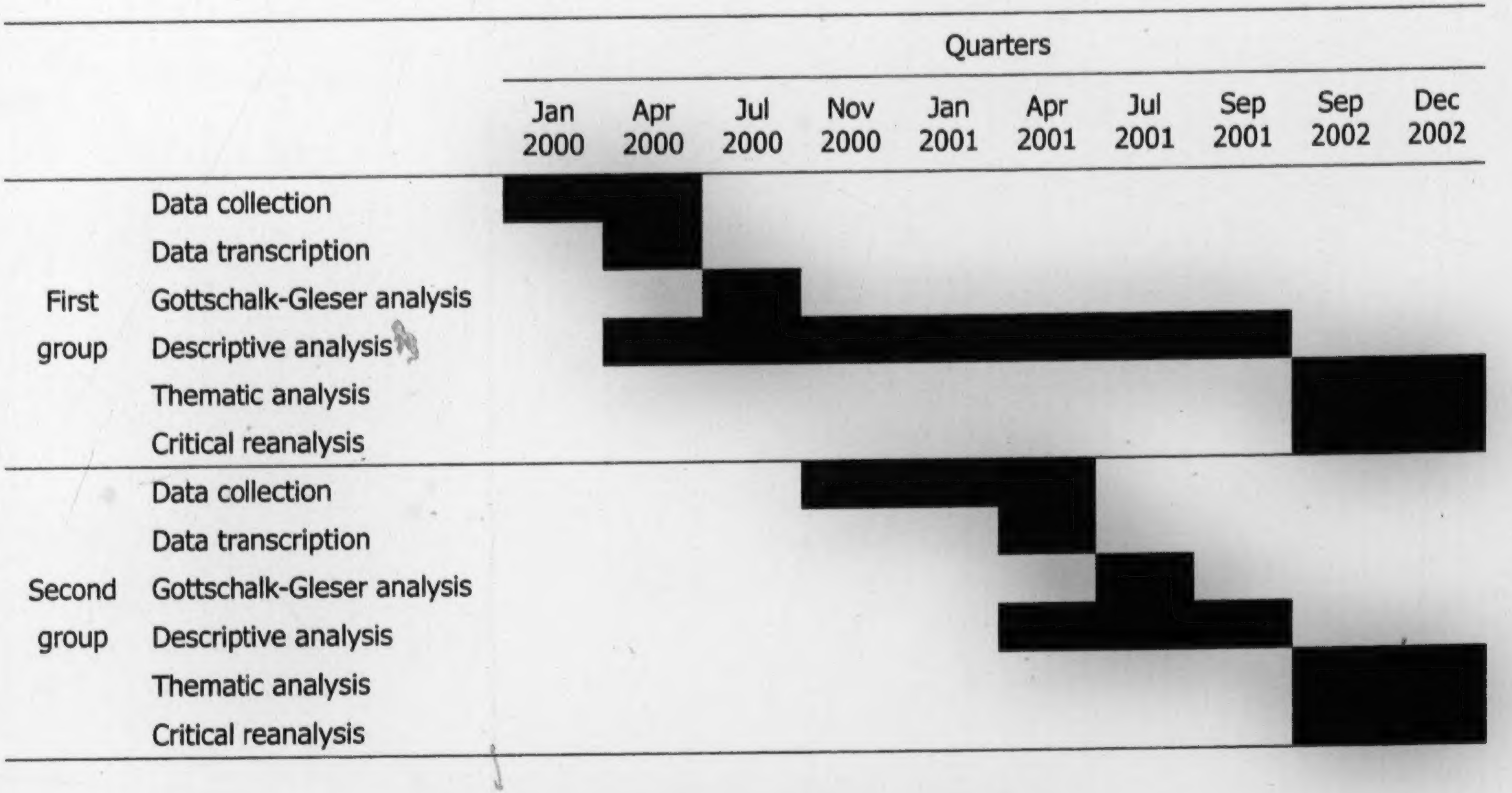

Figure 1. Data collection and interpretation timeline.

One type of reflexivity is reflexive methodological accounting (Seale, 1999). According to Seale (1999), reflexive methodological accounting means giving a full explanation of the methodological procedures used to generate the findings and describing every stage of the process in a way that is replicable from a conventional scientific perspective, just like creating an audit trail. With the level of detail presented here, it is intended that the audit trail be transparent. According to Seale (1999), the advantage to reflexive auditing is that is better helps the readers in evaluating the quality of the conclusions.

Another way to expand understanding is by using relational reflexivity (Steier, 1991). Relational reflexivity occurred in this study when the participants wrote critical incidents and interpreted events in their writing. Another example was the member checking that occurred when I met with some of the participants in June 2001 and again on March 27, 2003. Member checking is an example of a main feature of relational reflexivity—namely, the sharing of power between researcher and participants—resulting in an expansion of the number of interpretations (Steier, 1991). It resulted in increasing my self-awareness as a researcher of how I was constructing knowledge and what was influencing my beliefs and feelings during the research process. I also gave the participants who had written critical incidents a summary of their learning line and critical events in their learning to ensure that I was representing their experiences and voice appropriately. They had only a few editorial changes. Wasserfall (1997) called this the deconstruction of the authority of the author and reducing the power difference in the field.

Limitations of This Study

This study of how helping professionals learned to use hope is based on two heterogeneous groups of helping professional who were taught by the same person using a nondirective teaching approach. The groups included only women, all were Anglo-Canadians except one, all had a postsecondary education, and all were living in the same city. The average age of the participants was 41. The six helping professions represented were physiotherapy, nursing, counselling/ psychology, community support, teaching, and medicine. Most participants had high levels of hope and low levels of hopelessness. The results might have been different if the participants had had lower levels of hope or higher levels of hopelessness. Caution is advised when generalizing these findings to groups outside this profile.

Summary

A case study approach was used to depict how helping professionals learn about hope in practice and through what processes they learn. The collective case study provided an in-depth look at the group learning processes. Additionally, three individual cases within this collective case provide perspectives of how the participants learned about a hope focus and how to intentionally integrate a hope focus into practice, supplemented by highlights of the learning process of the other 11 participants and the learning leader. Reflexivity was an important part of how some of the participants learned about hope through writing critical incidents. Overall, this study contributes to the development of a hope-focussed approach and how to teach a hope focus to helping professionals.

CHAPTER 4

RESULTS

Helping professionals need to pay attention to the counselling process and to the subject content when helping others (Gladding, 1996). Learning about hope also involves paying attention to process and content. Highlights of the group learning process and content are presented in six parts. The first part of this chapter depicts the group learning process. The second part depicts the hope content that was taught or that emerged during the training. The third part depicts Faith's learning process during the group training, followed by highlights of Faith, Ann, and Ruth's critical incidents. Critical incidents reveal how the hope knowledge and skills were put into practice. The fourth part of this chapter presents measurements of the participants' hope using three different instruments. The fifth part depicts learning goals, learning outcomes at the end of the six months, and what topics still need to be learned. Last, there is a focus on the learning leader and her learning about how to better teach a hope-focused approach, and how she has developed the hope-focussed counselling approach to date. This chapter begins with summarizing the two groups' training process.

Summary of the First and Second Groups' Training Process

Summaries of the two groups' learning processes provide a comparison of the learning processes that unfolded for the participants, revealing the increasing depth in hope-focussed training that occurred over time. For a more detailed description of the training techniques and process in the second group, see Appendix G. Because the learning leader based some of the content on the interests of each group, the training process was somewhat different in each group, as now described.

First Group's Training Process

Each session for the first group contained several opportunities for asking hope-focussed, radically innocent questions through role-playing, dyads, and large-group practice. The topics discussed were suicide, depression, the value of doing a hope collage, hopelessness and chronic illness, the role of expectations, and handling a difficult job reference request from a client. A notably extensive discussion about hope and depression occurred, leaving the group with a deepened and broader understanding of how to do hope-focussed counselling and how to deal with personal and with clients' issues about depression. Many of these topics became a double-learning situation, with participants learning about the issue (content) as well as about how to ask radically innocent, hope-focussed questions (process). A unique aspect in the first group was mainly brainstorming about hope, such as creating guiding principles about hope, identifying what threatens their hope, listing hope resources, finding ways to personally hope-proof against the lows of life, and recognizing that fear is a killer of hope.

Second Group's Training Process

In the second group's sessions, there were also many opportunities to practice asking hope-focussed questions. Learning how to ask hope-focussed questions was a common theme in both groups. Homework was assigned more frequently in the second group, emphasising the importance of practising using a hope-focus with other people. Wendy used a more directive teaching approach with this group.

The content of this directive teaching is now presented, describing training content topics that occurred in either the first or the second group, or in both.

Hope Training Content

This second section describes the hope training content either that was planned by Wendy or that emerged through participants' discussions during the training sessions. Wendy planned most of the training content, with a few topics emerging through group discussions; namely, expectations, beliefs, and hopelessness. The topics of expectations, beliefs, then barriers to hope including hopelessness are presented first. Next, the hope content planned by Wendy is presented: definitions and descriptions of hope, sources of hope, hope symbols and metaphors, hope synonyms, the language of hope, hope-focussed questions, creating possibilities or options, distinguishing between state and trait hope, hope resources and how to work with "hope-suckers," the relationship of hope to time, hope principles, continuing hope learning, and hope-focussed self-care. For some topics the first group is presented separately from the second group in order to identify unique differences in each group. The topics of hope principles and hope-focussed self-care enabled two-pronged learning: First, the participants learned the technique of brainstorming; and second, they learned theory about a hope topic.

Expectations

In the first group, Faith brought up the topic of expectations. Sasha indicated that she always asks a new client "What do you hope for in this whole situation? And it really helps, . . . because it puts them in the driver's seat. . . . We can get to where we go faster; . . . it's almost easier for them to take control." Wendy suggested that a good place to start helping is by finding out what has and has not worked with previous counsellors. Wendy placed a high degree of importance on expectations as being "the first thing now that I always try to do, is figure out, 'Why doesn't this person have any expectations?' Because it's important." This discussion highlighted an important piece to the initial phase of hope-focussed counselling.

Beliefs

Beliefs were also part of the initial phase of hope-focussed counselling, both for self and for others. Moon realized that it is important "to believe or have faith in the process (of hope-focussed counselling)" thereby supporting Wright, Watson, and Bell's (1996) finding that beliefs have a tremendous effect on a helping professional's and client's hope. Angel stated that the first important thing when helping someone is "finding out a person's beliefs about the cause of their discouragement." Another important piece in the initial phase is knowing about hope definitions from experts in the field and how participants define their hope, before and after learning about hope.

Early in the training, while still grappling with developing their personal definitions or descriptions, the participants started to encounter barriers.

Barriers to Hope

The participants found that it is not easy to work with hope. One of the reasons for the difficulty was encountering barriers to hope of time, perfectionism, and hopelessness. Faith's initial barriers to hope were a "lack of time," and her "enemy was perfectionism." She was striving so hard to "achieve competency" in being a hope-focussed counsellor and in becoming "confident in knowing what to do" that she recognized how this striving for perfectionism became a barrier resulting in her becoming "stressed and having a sense of hopelessness." Six months later she observed that having a "Pollyanna [type of perception is a barrier] because of the perception that all is wonderful and workable." In this context, having a Pollyanna perception is similar to having false hope. Hopelessness in this study was also a barrier to hope and to learning about hope.

Hopelessness

Separate mention of the topic of hopelessness is worthy because of the negative impact it had on the learning progress of the participants and their clients. In fact, it can have such a negative influence that Wendy, the leader, cautioned all participants against starting to learn hope by working with negative or hopeless friends and clients.

In the first group's fifth session hopelessness was first discussed. Wendy taught the four basic paradigms describing people with very low hope; namely, there is isolation, repeated trauma, and repeated failure; and things are out of control, with circumstances getting worse. Wendy invited the group to create a relationship between hope and depression. This invitation resulted in one of the most in-depth discussions about one topic in both groups. The thoughtfulness of the discussion indicates that the group had developed a depth in understanding about hope and depression and how to apply that knowledge to help others (see Appendix H).

Faith noted that the "ultimate hopelessness" was "seeing no options" and that the best resource to offset hopelessness was "having options and possibilities. . . . My Pollyanna self wants to say there are always options and possibilities. I have a need to believe this." Faith worked with clients' hopelessness by "first acknowledg[ing] hopelessness, validat[ing], and start[ing] where the person is, . . . and us[ing] the power of reframe." She concluded, "Hope and competence are the most important elements when working with hopelessness."

The second group discussed hopelessness only briefly in their fourth session. The richness of the first group's discussion of hopelessness suggests that the second group could also have benefited by a similar discussion. Hopelessness was better coped with when the participants understood their own hope, which started with developing personal hope definitions and descriptions.

Definitions and Descriptions of Hope

In both groups Wendy discussed definitions of hope and asked the participants for their definitions, indicating that Wendy viewed definitions as an important part of learning about hope. Definitions were part of the process by which helping professionals made personal meaning of hope before they worked with others about hope.

For both groups, definitions initially ranged from an expectation, an ability, a feeling, a realizable possibility, energy, a sense of purpose, and a buoyancy of spirit. Some participants defined hope concretely such as "words," "symbols" such as a "rope" and "thread." Several participants believed that hope changes from moment to moment and that you "need a repertoire of things to describe hope." Another gave hope a slightly negative tone as being "a struggle." A few put a more spiritual or numescent tone to it as "a transformative process" and "invisible magic." However, several participants chose not to define it—

preferring to describe the concept through metaphors and symbols such as candles, light, and nature.

In the early training sessions for both groups, Wendy discussed definitions of hope (Dufault & Martocchio, 1985; Jevne, 1999; Snyder, 1993), and then she asked each participant to take time to think about and then define hope for herself. The following section describes the participants' pre and post training definitions, then discusses changes in the definitions.

First Group's Hope Definitions and Descriptions

Three participant's (Jade's, Josephine's, and Nadine's) definitions of hope used the leader's definition, and they underwent little or no change over time. Three other participants chose not to define hope, and one had her own definition. Having definitions or descriptions change over time suggests a more personalized understanding about the construct of hope.

Faith initially described hope as an emotion or feeling and as having the qualities of always changing and being private. After six months she added the qualities of "invisible magic" and the notion of hope as "a state." Notably, Faith did not want to define hope because "it changes from moment to moment." Carmen and Sasha also preferred not to define hope, viewing hope as "a repertoire of things," and Sasha concluded that it was more "a feeling at her very core."

Second Group's Definitions and Descriptions

In the second group none used Wendy's definition, one participant did not change her definition of hope over time, two participants chose not to define it, and two had their own definitions.

Ann initially used a theoretical, textbook definition of hope; then after six months she defined hope as a "buoyancy of spirit," and she added her own description of hope as a "sense of journey." Ruth initially preferred not to have a definition of hope, indicating that hope is "a source of energy." After six months Ruth made a considerable change to her description of hope as tapping into "your own possibilities" that arose from the many discussions and brainstorming practice sessions about creating possibilities and options in this group. Sandra also had a change in her definition of hope. She initially used Wendy's definition; then six months later she indicated that you "can't define it."

All of the changes suggest a growth in each participant's unique process of making personal meaning of the concept of hope through working with the concept for six months or more. There was a trend in this group not to want to define hope; instead, the preference was to view hope as changing and as a process. Another aspect of hope that was very personal was sources of hope.

Sources of Hope

There are seemingly endless sources of hope. Sources are as personal as hope definitions and symbols. Having sources of hope gives people the impetus to bring hope out of hiding. A major theme about sources of hope that Wendy taught to both groups was that "in order to have hope, we always have to have options." Some of the options may not be desirable; however, options provide more opportunities than a person previously thought, so that becomes more hopeful.

A few of the participants' hope sources exemplified the personal nature of the hope sources. Faith's sources were "acts of hope" such as "a smile, a hug." Moon felt that "nature replenishes" her hope. Angel identified "empathy and the art of looking at alternatives and options" as her sources of hope. Many sources of hope for the participants were symbolic and metaphoric.

The results from dyads in the first group indicated that their hope was threatened by "starting a new job," "an ailing family member," and "ending a relationship." They hope-proofed against these perceived threats to their hope. Examples of the participants' hope-proofing are using symbols and images, connecting with family, and physically exercising. Hope-proofing for Carmen was "reading books about spirituality and psychology, appreciating nature, and being intentional about looking for the beauty in situations."

Making a hope collage was a technique for uncovering sources of hope for clients. After discussing the purpose of a collage, the first group realized that the main value of a collage is that the process of making a collage becomes a medium through which hope discussions occur between the client and the helping professional. Another medium through which hope emerges is using symbols and metaphors.

Hope Symbols and Metaphors

Symbols and metaphors are as personal as definitions and sources of hope. The participants were asked to identify hope symbols in the pre and post interviews because symbols are sources of hope (Farran, Wilken, & Popovich, 1990). Surprisingly, during the pre interview, when asked to identify symbols of hope, a number of participants had to pause and think for a short time; then all but two participants were eventually able to describe at least a few symbols of hope. In contrast, participants found it much easier to define hope than to identify their symbols of hope.

Hope symbols and metaphors have a double value. They are a source of hope, and during counselling they are markers to which to come back. For example, Angel aptly described symbols as sources of hope: "My rocking chair is symbolic of peacefulness, and out of peacefulness comes strength for me, and out of strength comes hope." Most participants increased their number of personal hope symbols over the six months.

In this study, symbols and metaphors are interchangeable because the participants did not distinguish between these terms during the training session discussions. For example, Carmen's "knot at the end of a rope" is a metaphor of hope for herself to stop her from feeling more hopeless. Nadine's knot at the end of a rope is a symbol intended to help a suicidal client from slipping deeper into suicidality. She discussed her client who was suicidal and "at the end of her rope." Nadine's suggestion to the client was to "tie a knot at the end of your rope." Rope was an interesting metaphor because the root of the word *hope* in Hebrew is *cord*. Spending time discussing this metaphor/symbol impacted the participants because, in subsequent sessions and in the final interview, several of them adopted the hope metaphor of a knot at the end of a rope. This was the most extensive discussion of a metaphor that occurred in both groups.

The distinctions between symbols and metaphors are further complicated in this example because the distinction is blurred with an analogy or a logical inference. The knot is analogous to hope because the knot represented the participants' abstract concept of hope by association. This suggests that identifying metaphors, symbols, and analogies of hope are hope-focussed techniques that helping professionals could use when working with clients.

First Group's Hope Symbols and Metaphors

The first group had two themes regarding their symbols and metaphors: light and nature. Faith's symbols and metaphors are presented here as examples of symbols and metaphors from the first group. Faith, after some initial prompting, identified the most symbols for hope in the pre interview; namely, "sign of the cross, religious symbols, rocks, crystal balls, beanie babies, poetry, quotes, affirmations, past accomplishments, and verbal reminders." This list highlights the personal and unique nature of symbols. In the post interview she still thought of the sign of the cross first, as well as "poems, beanie babies, hope stones, and my office." Faith indicated that her office had become very important because "it contained gifts and cards from my students." Another benefit to having symbols in her office was that they "produced a calming effect." She started using the hope stones halfway through the training sessions so that students could pick a stone and have "something concrete to always hang onto and remember."

Faith had success in using a symbols-oriented, hope-focussed question: "When you think about a favourite place, maybe your bedroom, what symbols or objects do you have in there that remind you of hope?" Symbols and metaphors provided another way for helping professionals to connect people to their hope.

Faith's situation of taking longer to identify symbols and metaphors was typical in this study. Symbols and metaphors were harder than definitions to identify because most participants did not have any training in working with symbolic language.

Second Group's Symbols of Hope

There were three themes of symbols in the second group: nature, light, and religion. Ruth's symbol of "roots" is representative of the *nature* theme. Ann found, "Nature has a lot of meaning for me, . . . mountains and barren places where you can still find beauty, even though some people might describe it as quite desolate or sort of boring. You can always pick out a little bit of colour or a plant that's trying to survive."

An example of the second theme of *light* symbols was, "I'm probably conditioned right now to think of a candle, so that immediately comes to mind because it is the Hope House logo" (Ruth). An example of the third theme of *religious* symbols was "my faith" (Ann, Sandra).

The participants had unique hope symbols even when they were not initially aware that they were using symbols. Angel commented, "I'm such a non-symbol person!" but then she immediately said:

> I guess symbolically anything that lifts my spirits, and anything that lifts my spirits increases my hope. That's how it works for me. It is beauty, the beauty of nature. The beauty of things of the past, I suppose. I listen to a lot of old country music, and I will just be grinning like an idiot because it makes me so happy. It makes me so happy to hear things that are so grounded in the past. Remembering back to anything positive lifts my spirit, so I'm grounded in the past. I am more grounded in the past than in looking towards the future, I'm not sure why that is.

Even at the end of the six-month training Angel stated that she still had some reservations about being sure of exactly what her hope symbols were; then, once she started to list her symbols, it turned out to be one of the longest lists of all of the participants! Angel's comments indicate that she was also able to use the time dimension of hope to bring back hopeful, happy memories.

Joey provided another unique perspective of hope symbols:

> Pain, oddly enough, I find very hopeful: When people are letting go and really feeling their pain and grieving the loss, and doing those old encrustations on the soul, and it kind of hurts, but that's a good thing. It's very hopeful when people have that kind of courage. People doing what comes naturally, it's very hopeful to me.

Joey's experiences with clients pointed to other helping professionals acknowledging their clients' bravery when addressing pain from the past and supporting their clients in activating hope through this bravery. Symbols serve as anchors that remind clients of past events when they felt successful and in control.

Hope as an anchor. Faith helped David identify anchors for his hope by asking him a past hope-focussed question of "What are the circumstances under which you have felt the greatest hopefulness?" She later asked, "Who pops into your mind when you think about hope?" Using past successes as an anchor and connecting them to a hopeful future through questioning is a hope-focussed technique as well as a Neuro-Linguistic Programming technique. This type of open ended question could also have elicited the other type of anchor as a metaphor or symbol of hope.

Leader's Symbols of Hope

Wendy initially described piano as a symbol of her hope, but six months later it changed to "the written word." Choosing the written word is doubly symbolic because language itself is symbolic. Wendy's shift to the symbol of the written word fits with her use of the cognitive approach to teaching, such as teaching the language of hope using "when, yet, and I believe." Wendy recognized that

> I'm quite a cognitive person as opposed to taking the whole thing in a sensual way that other people do. That's not so much my hope focus. I know how to facilitate that for others, but for me hope tends to be a kind of a cognitive experience.

These comments provide insight into why the hope-focussed training is presented with a cognitive focus. This approach may be specific to this facilitator.

The cognitive focus gave participants the opportunity to work with the concepts, to take risks by putting the concepts into action, and ultimately to make meaning of various aspects of hope.

Dual Use for Symbols and Metaphors

Symbols and metaphors are a source of hope, and, as Wendy stated, they serve as a "marker to come back to" during counselling when the counsellor is stuck and during times when the client needs a source or inspiration for hope. Pairing a symbol with hope can be explained by conditioning theory.

Conditioning theory (Wilson, 2000) indicates that pairing a symbol that was previously neutral will likely result in the symbol's becoming a conditioned stimulus that will elicit a conditioned response. For example, Faith's parting gift for some counselling clients was a hope stone. She had the clients identify the stones as a reminder of hope. Through her hope-focussed line of questioning, these stones became paired with hope, so that in the future the symbol of a stone could be a reminder about a past success and previous feelings of being competent. In the future, if a former client is feeling hopeless, holding the stone may help remind the person about past successes and engender more hope for a positive future.

Summary

Two common themes emerged from the participants in this study regarding symbols. The common themes for symbols were nature and light. The benefit of using hope symbols and metaphors is their dual use—as a source of hope and as a marker, or an anchor, to which to come back as something positive in a client's life. Symbols and metaphors were unique to the individual, and they changed over time. Given the uniqueness of hope symbols/metaphors, definitions, and the struggles that participants had in using hope in practice, Wendy wisely stated:

> Hope is not as simple as it appears to be. It is a very individual phenomenon. It is difficult for others to understand unless they ask specific questions about it. It is a concept that everyone thinks they understand at a first level, but usually they are thinking of their own hope and not the hope of others.

Another important piece in learning about the content in the hope-focussed counselling approach is understanding the differences between hope and hope synonyms.

Hope Synonyms

There was no discussion of hope synonyms in the first group. In the second group the leader asked the group to identify differences between hope and optimism, the most common hope synonym. Sandra saw optimism as "an overall sunny outlook on life, whereas for me hope has more depth than that. Hope is about moving beyond probabilities to possibilities." Ann agreed and added that optimism is thinking that "things will work, out but I don't necessarily have to participate in them working out; . . . they always do"; whereas hope is about "What can I do to make a difference? Or who can I look to to help make a difference in my future? . . . It's about making choices and making decisions about action. You're much more involved, I think, when you have hope." Sandra stated that "optimism has more breadth than depth." The group agreed that the concepts of hope and optimism are not discrete; they are "close relatives."

Sandra indicated that optimism is "really a trait" and that optimists "see the light," whereas the opposite type of people--the pessimists, "see the dark." According to Wendy, a difference between hope and optimism is that

> hope accommodates the uncertainty, the doubt, whereas optimism looks towards positive things without building in the doubt and uncertainty so much. Most people do not measure optimism on a scale of one to ten; it is not the kind of thing you do with optimism. . . . Tend to think of optimism more globally or more generally.

She added that hope "is both a noun and a verb in the English language" and could also be used as an adverb or an adjective, thereby giving hope versatility to help in most situations. Sandra saw many ways that she could promote hope, but not optimism, and felt that "probably hope is all you can do to combat pessimism, and hope is what you can do to make optimism have a real outcome." In future training sessions, more distinctions could be developed between hope and optimism, including when they are interchangeable and when they are not interchangeable.

Wendy pointed out that "faith" is another synonym for hope, especially for those who are Roman Catholic, because the church tradition uses the words almost interchangeably. She cautioned that if God comes to mind when a person thinks about hope, "then they could be relying on God to do something for them. So . . . we're working with something entirely different."

Sandra added that self-efficacy is a "nice, concrete word" relating to hope. Ann indicated that *resilience* is a word that one of her clients kept thinking about when hearing Ann talk about hope, because that client worked with children coming out of difficult circumstances. Ruth saw a parallel in the currently popular use of the word *empower*, a word that never did much until "it became part of psychobabble." Wendy differentiated hope from psychobabble words because "it doesn't seem to matter who comes here, . . . how intelligent they are, . . . what their first language is, they don't seem to have any trouble with hope. . . . It sure is more grassroots." Hope was placed in the realm of common, everyday language.

The second group's discussion of hope synonyms enriched their understanding of hope. Symbols and metaphors enable helping professionals to instil hope in a person and to work at a deeper, subconscious level. Another way to better understand hope is to learn about the developing language of hope.

Language of Hope

Another major theme that evolved in this study was developing the language of hope. Midway through the second group's sessions, Wendy began teaching the newly developing theory around "the language that supports hope—the words of 'yet,' 'when,' and 'I believe.'" The purpose of these three statements is to "slightly increase the other person's hope." Wendy's example was, "Angel isn't confident in using hope yet." This hope statement conveys the message that Angel will eventually be confident in using hope. Wendy contrasted the difference in using "if" versus the hope language of "when" in the sentence "When Ruth is a chartered psychologist . . . ," leaving no doubt in Ruth's mind that she will be successful; it is not an "if" situation. Wendy then stated that by saying "I believe" you invest some of yourself and must be able to answer the client's question of "Tell me why. . . ." Saying "I believe" is recommended only when "you've had the experience, and you must be prepared for self-disclosure."

The group then discussed false hope. They concluded that it would be false hope to state to a severely depressed client, "I believe that this is the place where you will forever banish depression from your life." In fact, this "forever" statement is "lying," according to Wendy. Instead, she pointed out that research has shown that "as much as 70% of the outcome has probably got something to do with the quality of the relationship as opposed to the method itself." She often tells people that "I believe that I can help." This percentage is based on the common factors in psychotherapy (Hubble, 1999; Lambert, 1986).

Wendy identified the "fear that as soon as we learn more about the situation it will seem more hopeless." Her comment led to a discussion about fears of the future and the need to stay away from "why questions," which are "bigger, more complex, and take you away from the simpler questions."

Later Wendy expanded on the value of using "when" because this word can "jump over the immediate future." Sandra observed that using "when" is "like laying down a nice, solid stepping stone." Another stepping stone in the hope-focussed approach is learning to ask hope-focussed questions.

Hope-Focussed Questions

The dominant theme in hope-focussed learning for both groups was the evolving technique of asking hope-focussed questions. Understanding the evolution of refining this technique is one of the benefits of studying the first two groups who were being taught hope-focussed counselling. Wendy was learning how to best ask hope-focussed questions. She enhanced her initial ideas over a year and a half of teaching the first two groups. At the same time, she was also teaching others to use the technique.

Initially, the first group practiced asking "hope-related questions," which were called "radically innocent" or "not-knowing" questions. These types of questions meant that "you do not know the answer to them." Asking radically innocent questions was demonstrated by using Nadine's topic of fear and abundance. Wendy noted that "fear is the killer of hope." Sasha responded that FEAR is an acronym for "False Evidence Appearing Real. . . . To deal with fear is to first acknowledge its existence and then work with it and normalize it." There was no discussion about the important role of fear as an alert system.

By the first group's second session the name of the questioning changed to "intuitive questioning," and by the fourth session it changed again to "hope-focussed" questions.

Initially, the second group called this line of questioning "directional questioning" such as "So what things give you hope?" By the second group's third session, Wendy named it "the simple question," which is the name that is still used. Wendy observed that simple questions are "really very complex." Sandra commented that the effect of asking simple questions is "like *morphing* people, . . . change the appearance or move from one place to another place effortlessly," because "there's definitely shifts happening."

The evolution of the "simple question" is similar to the evolution of the intentional use of hope. The participants kept using various forms of hope-focussed questioning until one approach seemed to work the best and until the label was easy to remember and meaningful. The same can be said for the evolution of each participant's understanding of the broader concept of hope: The participants kept using hope until it made sense and started to become integrated into their personal and professional lives.

Categories of Hope-Focussed Questions

The second group was taught the three broad categories of hope-focussed questions. In the first type, the novice level, survey questions are used to explore a person's current hope. For example, one could ask, "If you could give me a number to reflect your hope, what would that be?" Or "What is the thing that most threatens your hope?" The second type is questions that ask, "What are your symbols of hope?" Wendy pointed out that these are "the breadcrumb questions that you're coming back to later." She suggested an indirect way to identify a symbol by asking, "If a picture could remind you of hope, what would that be? Tell me a story about some time when you felt hopeful. Who is it that comes to your mind when you think about hope?" At this point a person is being guided to develop a relationship to hope. The third type is questions that "link hope with change." Working in the realm of change is a deeper level. Questions about hope and change are informative but not recommended when first learning to talk to someone about hope. An example of this deeper level of questioning is, "What do you think you'd do about this if you were a hopeful person?" As confidence in hope develops, helping professionals can use hope questions that are in the change realm.

Wendy summarized the distinctions in hope-focussed questions and their levels of difficulty:

> Questions about hope and change, . . . they don't belong in an interview where you're just learning to talk to someone about hope necessarily. . . . Ruth is going to ask this person some questions about hope and learn something about that person's hope, the role that hope has played in her life. And if she's lucky enough to set up some markers to come back to, some symbols, that'll be nice; . . . she's just doing an exploration of hope. . . . That's a great way to just do a general survey of people about hope that's not even threatening.

When working with a new client, the focus is to initially learn about that person's hope; then, after more questions, a general idea can be developed about that person's hope, which serves as a springboard to later talk about the more complex topic of hope and change. This was one of the most in-depth discussions about using hope, and it generated a great deal of reflection and insight from the group members.

Another aspect about a hope-focussed line of questioning is focusing on hope and not on feelings. In the first group there was a case discussion about a recent client. With this client Wendy stated that she did not work with feelings;

instead, she focussed on hope: "I just kept thinking, 'What is it that I have to do so there would be hope here somewhere? In what way must we act now?'" The topic of feelings was not discussed in the second group.

Possibilities and Options

Using the language of hope and using the simple questions help people to create options and possibilities, another key concept in the hope-focussed counselling approach.

In the first group there was a theme that

> to have hope to solve a problem, . . . you have to create options, . . . because options are one of the key things about hope, . . . because otherwise you're just going to get in a corner, and once you're in there, there's nowhere to go. (Wendy)

In the second group the importance of creating options to increase hope became a major theme in the sessions. For example, in the third session the group practiced brainstorming options. Initially, a narrow range of options was identified; then the group experienced how hope increased because "the sheer number of them seems hopeful" (Wendy). Options become a source of hope and can help a person develop a state of being hopeful.

State and Trait Hope

In both groups state and trait hope were discussed. In the second group Snyder's (1994) view of state and trait hope was used to explain the differences between the two concepts. The learning leader indicated that state hope is, "How hopeful I am about a particular situation that I am in right now?" and asking "How I can solve this problem?" whereas hope as a trait leaves us asking questions such as, "How can I just renew my general sense of hope focus so that I will be better equipped to deal with this problem and maybe a hundred other problems that I have got?" "A trait is something we're born with; . . . it stays stable; and the state of hope is related to what might be going on at the moment."

Snyder's (1991) work guided the leader in explaining the differences between state and trait hope, but questions still arose during the last session, suggesting that a different way to convey the meaning of trait and state hope is needed for helping professionals. Snyder's approach was contrasted with that of Dufault and Martocchio (1985), who suggested that hope is not a trait; instead, hope changes with time. Changing with time leads to the inference that hope is a state.

Relationship of Hope to the Three Dimensions of Time

Unique to hope is that when learning to use hope-focussed questions, there are situations in which intentional choices must be made between the three dimensions of time of past-, present-, and future-oriented questions. The relationship of hope to time was discussed only in the first group. This topic was a difficult topic to teach.

The first group learned to distinguish hope in the future from hope in the present by asking future-oriented questions such as "Where do you want to be down the road?" and noticing the difference it made to then shift to the present, practical question of "What keeps you going day to day?" Three examples (Faith's, Sasha's, Ruth's) are presented that show two successful and one unsuccessful use of hope-focussed questions involving the three time dimensions.

Faith intentionally used the concept of time with her client. She initially asked David a present-focussed question: "For me, hope is . . . ." Next Faith shifted to a past-focussed question: "If your hope has been influenced by someone, who would that be?" or "Who pops into your mind when you think about hope?" She stayed in the past for the next line of questioning:

> What are the circumstances under which you have felt the greatest hopefulness? What would a hopeful person have done in your circumstance? If you could rewrite your situation but with a hope perspective, what would you have done differently? How do you know this?

These questions use the past as a bridge to discover options for the future. Then she shifted into a present-focussed question: "Is there room for more hope in your life now?" She then shifted into the first future-focussed question of the session: "If so, what is the smallest change that could increase your hope?" She added, "What is an even smaller change that could increase your hope?" She began to close the session by asking an evaluative past question: "Is there anything we talked about today that influenced your hope?"

Faith closed the session by cleverly mixing past- and future-oriented questions: "You had one relapse in two years. What's helping you to stay clean [from illegal activities]? . . . What would a hopeful future look like to you? Let's go back to the first question: For me, hope is . . . ." Faith demonstrated through this line of questioning that she had a good understanding of working with hope and its three time dimensions.

Sasha also started a client session by asking a futuristic hope question: "What do you hope for?" Then she moved into a present-focussed hope question with "How does this hope keep you on track?" She stayed in the present with "What threatens your hope? and "What is hope to you now?" She briefly touched on the past but pulled it into the present by focusing on "How hopeful are you feeling with what has just happened?" She further checked out his present hope by using a scaling question of "On a scale of 1 to 10 what is your level of hope right now?" Then she moved into the future focus with "What will have to change in order to bump that up one notch?" Soon she pulled him back into the present with "How do you know if your hope is intact?" Sasha demonstrated a good understanding of working with hope and the three time dimensions.

Ruth, in the second month of training, unsuccessfully used hope and time. When counselling a mother who was ready to give up, Ruth said, "I told her it sounded as if she was losing hope that things would improve, . . . and she replied that she felt hopeless." Ruth tried to turn the hopelessness into hope but her "validation of her [the mother's] lack of hope . . . was fruitless." Ruth had not yet learned the importance of letting a client stay in hopelessness and stay in the past for a while, because working through hopelessness issues is vital to finding hope in the future.

Hope Resources

The first group discussed exemplars of hope—wise people who suffer greatly, but handle the suffering well. These wise sufferers' stories are another way to access clients' resources, but only after introducing the possibility of telling such a story by asking, "Would you be interested in hearing a story about someone?" (Wendy). Otherwise, as Nadine aptly observed, "You desire so much to plant those [hope] seeds in them, and their ground is frozen." Nadine added, "As counsellors we have hope stories as resources when there seems to be no hope in their own story." A resource book is *Laugh, I Thought I'd Die* (Kaye, 1993) as "a substitute for your own experience with chronic illness. . . . If I don't have the right to speak on something, I look really hard for literature that has the right to speak on it and let it do the talking" (Wendy). When searching for resources, Wendy reminded the group, "You can ride on another person's hope." Sasha pointed out that in a hopeless group, "all it takes is one person in order to find some hope."

Wendy asked the second group to identify their hope resources. This approach is in stark contrast to that with the first group, when Wendy simply handed out her monograph (Edey et al., 1998) as a hope resource and reference. This second group was led into a deeper understanding of the availability of resources. Sandra identified resources of a book, *Finding Hope* (Jevne & Miller, 1999); beautiful music such as Naomi Judd's song "Love Can Build a Bridge" (1999) and accompanying book; nature; and reading inspirational things. Josephine found an Ann Mortiphee song hope filled. Sandra commented that "anything that we put our attention to . . . does start to flourish in a way." Sara and Josephine were inspired by Sark's *Succulent Wild Women* (1997). Wendy suggested using the hope journal (Jevne, 1999), *Key Elements of Hope-Focussed Counselling* (Edey et al., 1998) as other hope resources. Identifying a range of hope resources resulted in a practical discussion designed to meet the practical interests of the group.

Wendy also handed out an article that she had recently written using hope-focussed language (Edey, 2000). Handing out this article is an example of how Wendy enriched the second group's hope learning with additional theory and of how Wendy was improving her mastery of hope-focussed training.

Continuing Hope Learning after the Training Sessions

Learning about and finding hope is not sufficient. New knowledge and skills that are learned can fade away unless there is follow-up. Sasha's recommendation to others who are learning this new approach is to find someone to talk with about hope-focussed counselling. Sasha indicated that

> not having someone with whom I work to really keep the hope focussed counselling alive was difficult, and when busy times approached, I felt I had less time to reflect on my sessions and come from a hope-focussed perspective. These are the same times that my hope is affected, and the pace of the job takes me back to automatic first/survival. Having a colleague and the time to debrief and talk about students from a hope-focussed perspective would have helped on an ongoing basis.

Taking Sasha's idea one step further, informal networking could be encouraged within the group so that members could contact each other and provide ongoing support in using a hope focus.

Hope Principles

The first group brainstormed hope principles, which were reformulated by the learning leader for training purposes in the second group. The first group's hope principles are presented first; then there is a summary of the brainstorming results from three aspects: hope characteristics, hope combats stress, and hope enhancers.

Wendy taught the second group that the main hope principle is, "Hope is a different construct for each person." The first group of participants brainstormed the remaining principles, which include, "Hope can be borrowed or lent," "Hope is hard work," and "Hope is not a destination; it is a journey, a seeking behaviour." After a review of the transcripts, another principle was added; namely, "Hope results in resiliency and improved coping with stress."

The participants in the first group determined that hope has numerous characteristics. These characteristics are illustrated in Figure 2.

Hope ⇨ Involves others; a seeking of relationships;
⇨ Is found in different ways; can be hard to find;
⇨ Is positive, surprising;
⇨ Is replenishable.

Figure 2. Hope characteristics.

The second aspect to the principles of hope was that having hope results in resiliency, which helps in the ability to deal with stress. There was no mention of coping. The third and final aspect was that hope can be replenished. Two ways to replenish hope include asking clients to define their hope and asking them to name their sources of strength.

Overall, these principles and characteristics provide a good start to understanding how hope unfolds, hope's benefits, and the methods used to replenish and keep hope alive personally and in relationships. Wendy reminded the first group that all it takes is for one person to share his or her hope, and then the hope principle of "letting others ride on your hope" can be applied.

Hope-Focussed Self-Care

Hope-focussed self-care provides uniquely hope-filled ideas for helping professionals to prevent burnout. Highlights of these ideas are presented to illustrate the uniqueness of the hope-approach.

The first group discussed "hope-proofing against the lows of life" (Wendy). Nadine maintained her hope by "mental affirmations." Wendy suggested talking to a client about affirmations so that you and the client can hear them "because we all feel better." Faith thought of accomplishments, and her self-talk is, "I'm not a failure. I've had many successes." Faith kept a success journal. Others used hope symbols and metaphors such as music, a candle, and a cross. Wendy used the technique of time jumping because "sometimes, when there's not any hope now, there is later," so she always had a few stories to tell about hope for a better future.

The second group discussed self-care in the final session because Angel asked the group for ideas about how to protect oneself from "other people's negativity." This question provided a triple learning opportunity—learning more about brainstorming, learning more about asking simple questions, and learning more self-care ideas.

Ideas brainstormed by the group to protect against negativity included using a protective imaginary blue bubble around you, having clear boundaries, and using the metaphor of riding two separate horses, not riding the same horse. Wendy added that "sometimes when a problem can't be solved now, it can be solved later," and she reminded the group about the importance of brainstorming to help the person find options. To protect herself from negativity and to reenergize, Ruth budgeted positive energy at the beginning of each day, just like energy dollars that can be given away as hope dollars, or positive dollars; she made sure that she took steps to replenish her supply by talking to someone if they have run out before the end of the day. The participants learned that reenergizing is linked to hope by providing enough hope energy to lend and to be able to help others, even at the end of a day when the helping professionals' hope could otherwise have dissipated. The group concluded that both hope and pessimism are contagious. This multitude of hope-filled ideas suggests that over time the group learned skills of brainstorming, asking simple questions, and self-care.

Faith's Learning Process During the Training Sessions

Faith was keenly interested in learning more about using hope, both personally and professionally, having recently taken the University of Alberta graduate-level summer credit course entitled "Hope and the Helping Professional" before the training sessions. Since taking that course, she had been applying hope-focussed counselling techniques for the past three months. She wanted to "hone my skills. . . . I've gotten really good at 'Can we talk a little bit about hope? What does hope mean to you on a scale of one to ten?' and then I crash." Her preferred learning climate in the group is "where we could explore where we're coming from personally. Like, how is it that I got stuck at this point? What is there about *me* that I got stuck here?"

The first issue that Faith brought to the group was her experiences in asking teenagers about their hope. She found that "they're quite concrete in terms of hope. A lot of them associate hope with goals and dreams, and hope seems to be something in the future for them." When the group reflected on the role play during the first consultation session where Faith role-played one of her teenage clients, it was observed that the teenager was brought out of the future and into the present by being asked, "What keeps you going day to day?" Then during the role play it helped when a definition of hope was provided as "something that keeps her going." This definition gave the client "something to hang onto," according to Wendy, and it also shifted the role player "into the present, out of the philosophical and into the actual." Faith, while role-playing with her client, had a felt experience of working with hope as a client, as well as addressing her therapy issues, thereby receiving a double benefit from the role play.

During the third session Faith discussed a case in which she was wondering how a hope focus could be used to help students who are in shock because of a suicide at the school. The group generated questions; then they noted the link from their discussion between "suicide, hopelessness, and helplessness." Faith was surprised at the group's considering suicide as one of the client's choices, rather than negating it as a choice entirely. In the fourth session Faith stated that her hope level was a two out of ten because of the changes at work. She was still questioning the usefulness of hope, as evidenced by her comment, "Sometimes I feel I don't have the right" to help to keep hope alive with a client who is suffering with a chronic illness: "Not having experienced a chronic illness or having walked in their shoes, sometimes I feel like, what right do I have to be attempting to help this person to feel more hopeful?" (to which there are murmurs of agreement from the group). Then Faith and Sara worked together in a dyad, and Faith discovered the importance of establishing "common ground" because it helps to "build hope."

Early in the fifth session a breakthrough occurred. The group was discussing an issue of a child's nightmares. Wendy was leading the group in the hope-focussed helping process by first having the group brainstorm possible causes of the nightmares such as fear, "The kid goes to bed with indigestion," and "The kid's a worrier." In the next step Wendy has the group brainstorm possibilities associated with each possible cause and acting "as if this was the cause; maybe it's not, but imagine if it was the cause, what would be the thing we'd do if it was this one?" Wendy explained the purpose of creating many possibilities for each option, "so that, without even asking the person to choose one first, we create more things to do, even right now." At that point in the process of brainstorming Faith delightedly commented, "I think I've just had a breakthrough in this hope-focussed counselling." She suddenly lamented:

> Where I'm getting stuck is thinking that I have to use the word "hope" in what I do. And when I think about brainstorming causes, and okay, if it were this cause, what would you do? That still is a form of hope. . . . Where I was getting stuck was somehow thinking that I needed to ask a question with hope in it. I was operating from a very narrow perspective.

Wendy confirmed that creating options is a way to create hope in a person.

Next, Faith asked the group to discuss depression. The ensuing in-depth discussion about depression is described in Appendix H.

At the beginning of the sixth session Faith asked to talk about expectations. Her interest in expectations arose from the critical incident that she had just written about David. She commented:

> I realized that I really had my set of expectations, although I wasn't really conscious of it, but I was sort of expecting that this is sort of what will happen, and then when things did not go as I thought, . . . I'm wondering, Where do expectations play a role in hope-focussed counselling?

Wendy commented that identifying expectations is "the first thing now that I always try to do . . . because it's important." Faith's question, arising from reflecting during the writing of her critical incident, brought out a very important topic in hope-focussed counselling that otherwise may not have been covered in the training sessions.

Going one step further into deepening the understanding of how participants learned about hope, the next section contains a description of three participants' learning processes, including Faith's, but from the perspective of highlighting learning events based on their critical incident reports.

Highlights of Three Participants' Learning Process

Critical incident reports from Faith (first group), Ann, and Ruth (second group) provide insight into their successes and their fears about taking a risk to use the newly learned hope concepts, and into their difficulties in managing hopelessness. These three participants' reports were selected because they consistently completed monthly reports.

The participants, to depict the highs and lows of their learning process over the six months of training, initially used the label of a "learning curve." However, after discussing this concept with the participants during a presentation on the results of this research on June 12, 2001, the group consensus was that neither a learning curve nor a spiral depicted their hope-focussed learning process. Instead, the concept of a learning line was a better representation. The hope learning lines are presented for Faith, Ann, and Ruth. The learning lines depict a two-dimensional relationship between hope and hopelessness across the third dimension—time. Over the six months the participants learned and reflected about hope, had setbacks, and occasionally sank into hopelessness. Hopelessness is the opposite of hope in the Gottschalk-Gleser Content Analysis that identified each participant's level of hope and hopelessness.

In the scores for hope and hopelessness there are differences in the maximum scores in each figure. These differences are because, theoretically, there is no maximum possible score when calculating the hope and hopelessness scores (R. A. Bechtel, personal communication, September 30, 2001). The score is adjusted by a weighting factor that is inversely proportional to the length of the sample. Another consideration is that many references can occur in a fixed number of words, resulting in multiple points for the same phrase or sentence. For example, in the sentence "It gives me a funny feeling as I write this," two points were assigned by the PCAD 2000 software: one point for H1 category and one point for H2 category. Another point would have been assigned if the word *hope* had been used.

During the training the participants slowly discovered the benefits of using hope intentionally in their lives. Most of them searched to find, deepen, and integrate their hope with the hope of the people they were helping. They learned that with hope there is a positive future with choices, possibilities to discover, and new paths to take; and that without hope there is a slippery road heading towards despair.

As depicted in the following critical incidents, some of the participants found that hope sometimes sits latent in hearts and souls, increasing in strength when times are tough. In tough times a helping professional's hope is activated, ready to be a pillar, an anchor, or a rope to help pull self and clients through the muck and out of the morass. Faith's roller coaster learning process is presented first.

Faith

Faith is a counsellor. At the start of reflecting and writing about these critical incidents, she had already seen her client, David, about five times. It was not until the end of the session that Faith asked if he would be willing to have a conversation in the next session about hope. He agreed and wanted to know what she meant by using a "hope perspective." Later in the critical incident reflection she wrote, "To be honest, I am not sure what I said, but he agreed, and we made an appointment." Despite having taken a university summer course on hope and then her first two-hour group consultation session, Faith still found it difficult to start to incorporate hope in her counselling approach.

Faith was more prepared to discuss hope in the next session. Faith asked her client to complete the sentence "*For me, hope is . . . .*" Unlike Faith, David immediately found it easy to talk about hope, as evidenced by a free flow of thoughts about hope related to a theme of self-worth. Faith had done her homework and was able to continue the hope line of questioning with, "*If your hope has been influenced by someone, who would that be? Or who pops into your mind when you think about hope?*" Again David was readily able to give numerous names and events. The third hope question, "*What are the circumstances under which you have felt the greatest hopefulness?*" resulted in David replying, "It has always been there." Then he described difficult situations that he had experienced. This client, although he had never intentionally thought of hope before, was readily able to answer these hope questions in a heartfelt way. The session continued using a hope-focussed line of questioning, and then towards the end of the session Faith asked for feedback: "Is there anything we talked about today that influenced your hope?" David replied positively "Yes, talking helps; it's better than exploding; it gives me a different perspective."

The third session was booked for March 21, 2000, after David had approached Faith and asked, "When can we have another hope session?" During this session Faith was well prepared with hope-focussed questions and asked, "What in your life would you like to talk about using the lens of hope? What would a hopeful person do in circumstances like yours? What is the connection between what you are telling me and your hope?" She assigned hope homework: "What might you do to make hope visible at a time when you don't see hope?" Faith reflected in the critical incident that this question "really generated possibilities that David had not been conscious of." Faith explained, "The more I use hope focussed questions, the more I see the connection to possibility thinking."

Hopelessness is the theme that pervades the fourth session, which was one day later, March 22, 2000. Her client pulled Faith into a "state of hopelessness." She wrote:

> I allow him to stay with his hopelessness and depression. As a counsellor, I am finding it difficult to know what to do so I simply listen. In the back of my mind I think of hope and "how to ask an appropriate question at the appropriate time."

Because the fourth session was ending and she had not yet asked about hope, out of desperation she said, "I would like to ask you one hope question." Then she wrote later:

> I look at the list. He patiently waits. I feel like a real beginner. Finally, I risk and ask, "How would you prepare for things turning out better than you expect them to?" David gives some positive feedback by saying, "That's a good question" and then answers with a hope-filled perspective.

This led to Faith's taking the opportunity to experiment with a camera as homework, and she asked David to photograph images of hope and hopelessness. Faith noted that David left the session with a more hopeful tone and body language.

Faith observed that she got "stuck" and planned to bring up the topic of hope and depression at the next consultation session. She wrote in her critical reflection, "The last question and thinking of hope images sparked a change in his pattern of thinking."

A month had now passed, and Faith noted in her fifth incident on April 17, 2000, that she had seen her client a few more times. She seemed positive that things were starting to turn around, because David was focussed and positive. Today though, he was depressed; nothing worked in the session. On reflection, Faith's despair was evident when she asked, "All of our conversations about hope, has any of this impacted him? There was so much that I could have done. No hope questions came to my mind. I felt stuck. What happened?" Again, Faith was finding it difficult to use hope with a client who was depressed. She was also finding it hard to find her own hope; she second-guessed herself about the usefulness of hope when times are difficult, which also made it difficult to work with a client who had low hope. She did not yet have enough skill to be comfortable using a hope focus with depressed clients.

In the sixth and final session on June 19, 2000, Faith reviewed David's homework of hope and hopelessness symbols that he had been photographing for the past several months. David said that "the process helped him think more widely, and to see things that went unnoticed before." He "enjoyed the self-discovery" aspect of doing this. As a parting question Faith asked, "What came out of our hope talks?" to which David gave several positive comments about being helpful. Then Faith gave him a hope stone and a poem about dreams, ending the sessions on a hopeful basis.

In the final reflection about David, which is the seventh critical incident, Faith wrote with more confidence in using hope that "I had expectations for David," but he was "at a different developmental stage" than she originally thought. In the future, she wrote that she would be more cognizant of her expectations and how they affect her relationship with clients.

Faith submitted an eighth critical incident about a new client, Jody, who wanted grief counselling. In their first counselling session Jody brought some poetry; among the poems is one titled "Hope," which Jody gave permission to quote:

"Hope" by Jody

In a world such as this
Filled with drugs, crime, racism and hate
I hear a cry piercing in the night
It's a cry for peace
It's a plea for a better world

Now better adept at using hope in the moment and having more confidence, Faith immediately used this poem as a way to facilitate a hope session. Faith asked, "What does hope mean to you?" They talked about the death of Jody's extended family member. Faith then wrote, "I followed my hunch and asked—do you have any regrets?" This opened the door to "OPTIONS," which Faith learned in her last training session is "the key to HOPE FOCUSSED Counselling."

Faith's Learning Outcomes

Based on the critical incidents and her comments during the training sessions, Faith changed both personally and professionally. Overall, she stated that she learned that "hope is unique, . . . that it is important to check on her personal hope first, . . . and that hope helps when stuck on where to go in a counselling session." She "learned that the thing that I would consider hopeful is not the same as what others consider hopeful, . . . the whole uniqueness of people's perceptions around the concept of hope." Another thing she learned was that "the space I am in affects the session. So where my hope is at, where my self care is at. . . . So the whole idea of constantly checking in with myself and polishing my own hope . . . and maintaining my own sense of optimism." Faith viewed having a hope focus as "an expansion of my repertoire." Faith had changed to include hope, stating " sometimes when I'm stuck, it's an excellent avenue when I really don't know what to do; talking about hope can sometimes open up new doors." Faith also learned "to not argue with people with regards to where they are, but more to present and help discover options. . . . It's not a right or wrong thing any more." Faith reflected that

> I had a very narrow perspective of what hope-focussed counselling is, and I kind of thought that if I just memorized all those questions, that would be it, right? And so my viewpoint has expanded, and I see hope-focussed counselling as being *options* . . . in terms of how to think, or how to behave, or even how to feel.

It is evident through her comments that she had become a hope-focussed counsellor. She believed in hope and hope's opulent possibilities.

Unlike the other participants in the first group, Faith stated that she had "a real turning point . . . when Wendy said that hope-focussed counselling was about giving people options. . . . Before, I was really helping people to feel more hopeful; . . . you can't get to that feeling without the action." Faith's turning point was in the fifth session when she realized that she did not need to use the word *hope* in order to do hope-focussed counselling. Until this stated breakthrough, she had had a narrow perspective of hope-focussed counselling. This point could be elaborated in the future when teaching hope-focussed counselling so that trainees understand the broad perspective of the construct. Complementing this point is Jevne's (Personal communication, November 14, 2002) three levels of intentionally using hope, namely, hope as an outcome, hope as part of an internal framework—this is what Faith thought hope was used for, and thirdly, doing hope-focussed interventions.

Faith's Learning Line

Another way to understand Faith's learning process is by using the learning line in Figure 3. This learning line is the result of the Gottschalk-Gleser Content Analysis of Faith's monthly critical incidents. There are two additional critical incidents in the sixth month because Faith wrote about David and her new client, Jody. As shown by the learning line, after a difficult start, Faith's level of hope increased significantly after the first consultation session. Then after the third session, her level of hope plummeted, not rising until the sixth month. In the sixth and final month Faith's hope level soars as David became hopeful again. The final incident shows Faith's hope level while she worked with her new client, Jody. Her newly learned hope-focussed skills helped her to work with Jody.

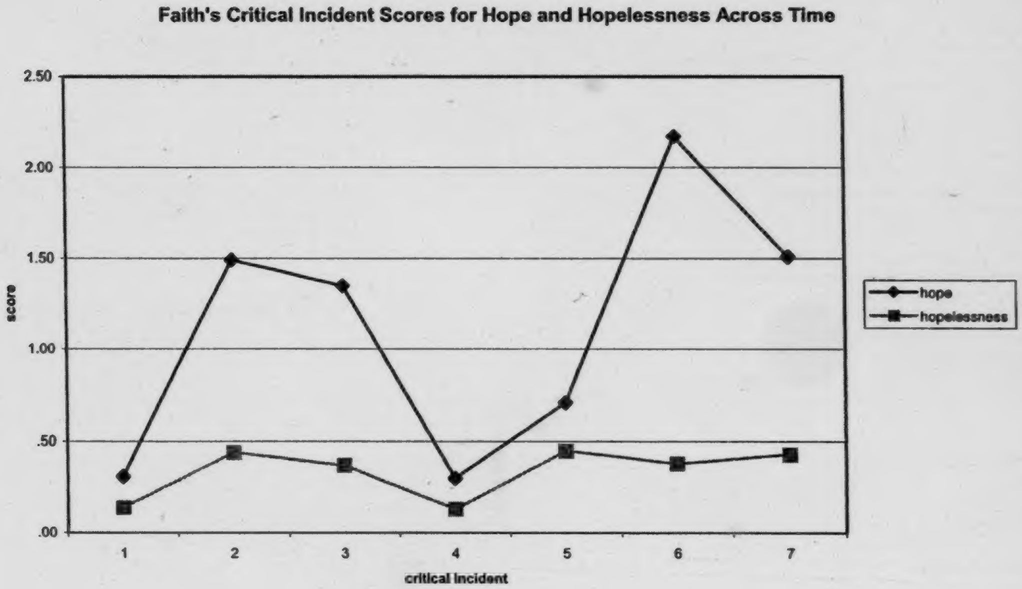

Figure 3. Faith's learning line.

Faith's level of hope initially paralleled David's improvement, but then his depression pulled Faith temporarily into hopelessness. Because of David's depression, Faith asked Wendy during the training sessions for help in working with a client who was depressed. The request generated one of the most in-depth discussions of the two groups (see Appendix H). Faith's level of hope fluctuated. Her hope was affected by her client, but not her level of hopelessness; for example, when her hope soared at the sixth month, her level of hopelessness was relatively unchanged

Perhaps during the low period faith experienced the impostor syndrome. Indicators of this syndrome are that once the situation with David became more difficult, she questioned her own skills, and she stated that she had feelings of being an impostor in using hope skilfully.

Faith began the training with her hope and hopelessness levels close together; she completed the training with her hope and hopelessness levels further apart.

The second critical incident summary about Ann's learning is next.

Ann

During the first few months of intentionally working with hope, Ann had considerable trepidation. The initial two critical incidents in December 2000 and January 2001 described her concerns about her relationship with a long-time school friend who finally revealed to her that he was in a homosexual relationship. Ann was the first friend that he had told about this situation. She noted that for the first two months of hope-focussed training she had not intentionally used hope in conversation with this friend; however, she reflected that this ongoing situation related to hope indirectly. She had hope that her friendship with this man and their mutual school friends would continue once he revealed his secret. There is an acknowledgment that hoping is risky because their friends might not understand and might shut her gay friend out of their lives. Her underlying hope was "that sides won't have to be taken, and even that it won't be an issue at all."

In writing the critical incident about her hope, Ann stated that her hope was connected to anger, because if their mutual friends were prejudiced towards Danny's homosexuality, it would make her angry. Anger will give her the motivation to speak out. She observed, "Perhaps, then, if the worst happens there will be, and can be, something to hope for—change in attitudes." Ann linked the emotion of anger to the possibility of finding renewed hope.

Even after two months of hope-focussed training, Ann was not ready to risk using hope; she had too much uncertainty. Hope remained hidden. Ann realized that she did not discuss "hope proper" with her friends, but there was an "undertone" of hope. In that undertone was the hope that "our friendship still was strong, hope that Danny and Dan will find ways to be who they are together, hope that Danny will be able to talk to other friends, and hope that Danny will be able to cope with any negative reactions." Ann stated:

> I find it interesting that I felt unsure about using hope-focussed language when I attempt to use it in other situations. Part of my reluctance may stem from being good friends with Danny and the nature of the discussion. . . . I wouldn't want it to seem that I was trying to use his situation for my own purposes. Further, since I still am practicing using this language and the types of questions, responses, etc., that it generates, it didn't seem appropriate to place my need for practice ahead of Danny's needs for reassurance and assessment of the possibilities. However, it may be that drawing on hope may have taken the conversation in a very positive, but different, direction and that my cautious approach cut off that path. It seems that I need to think about this more; or perhaps I should just risk more?

Fortunately, Ann's assurance increased when she used hope during the third month's training. In the February 2001 third critical incident she wrote about giving a few courses about hope, and she found venues to discuss hope and to make a "concerted effort to draw attention to the role of hope in our lives." She came to the realization that understanding hope at an intellectual level is different than actually seeing and feeling hope. For example, making a collage of hope symbols "enables people to learn more about their hope, to see their hope, to share their hope, and it can increase their hope."

Wendy indicated to Ann that people with low incomes and people with chronic or serious illnesses are often more open to hope. Ann felt that Wendy had hit the "proverbial hope nail on the head" by pointing out that these groups of people generally tend to be more ready to think about hope compared to academic and professional groups. Ann noted that the latter groups seem to have "the belief that we have to get it right, that there is a right way to do everything" about hope. Questions tend to be more abstract and distant from the individual. In fact, there is a tendency to withhold personal comments—these are discussed with the speaker at the end of the session one-on-one." Ann was saddened about these withholds because she saw that the academics and professionals are missing out on connecting with hope at a different level. This intellectual group is in "an environment that fosters the need to be correct, to be competitive, and to keep one's emotions hidden away; . . . makes it incredibly difficult for these people to recognize the value of hope."

In the fourth critical incident in May 2001, there was a crash. Ann was propelled into questioning the value of hope work after listening to Dr. James Orlinski talk about human rights and the role of Doctors without Borders and after watching Dr. David Suzuki's television show, *The Nature of Things*, about the impact of pesticides on child development. There was a pervading sense of despair in the face of these "huge problems" as she searched to answer the questions, "How can things change? How can one person make a difference?"

Fortunately, Ann moved herself through this despair by realizing that this was a direct test of her hope. She never lost sight of the fact that she could not "sacrifice that hope that I can do something to help." She saw that "the real challenge" to her hope was finding ways that she could make a difference. She strongly believed that hope is related to action. It is through action that she could make a difference and "overcome the inertia of indifference that our society promotes," although even with being in action she noted how difficult it is to sustain hope, "especially if the path for reaching towards that hope is not clear." Then she seemed to burst out of despair and fully into hope and saw that "the exciting part of hope . . . is in finding constructive ways of dealing with challenges to hope and imagining the possibilities."

For the final session, Ann's fifth critical incident was full of symbols of hope and reflections about her learning goals. She realized the importance of showing her "commitment to hope in visible and tangible ways." The work that she had done in the consultation group made "it possible to intentionally use hope in the helping relationship and that it is possible to make changes—whether these changes are felt and realized in ourselves or are changes that involve" your environment, such as new paint, new carpet, or "the right picture to convey what hope means to you."

Ann's Learning Outcomes

Ann revealed, "The biggest thing that I learned was *the simple question*. Doing it differently is actually relearning how to listen to what people are actually saying about hope or lack of hope and then figuring out what are those things that I need to ask." She noted that when she taught health care providers about hope, there was a "power myth around it that you have to be in control all the time. You know, the biggest thing about hope is that it does not often come from a place of control; it comes out of uncertainty."

Ann's Learning Line

Initially, Ann had a relatively high level of hope (see Figure 4). Her learning started off slowly because she did not dare risk talking about hope with friends for fear that they might think she was practising on them. In the fourth month her hope plummeted because she was having difficulty finding her hope amidst disturbing situations. She questioned hope and how one person could make a difference in the face of huge problems. Then by the end of six months her hope level increased to a higher level, suggesting that she now had confidence in using hope.

Ann stated this new-found confidence in hope in her post essay, where she talked of knowing that her hope is much stronger. She also had connected with the "power of one," which is also called the "butterfly effect." This idea is ascribed to Lorenz (1963, 1972), who predicted that in meteorology the flapping of one butterfly's wings will create a disturbance that in the chaotic motions of the atmosphere will become amplified, and it will change the large-scale atmospheric motion so that the long-term behaviour of the atmosphere becomes impossible to forecast. Her hopelessness level initially dropped and then remained relatively unchanged, despite the drop in the level of hope.

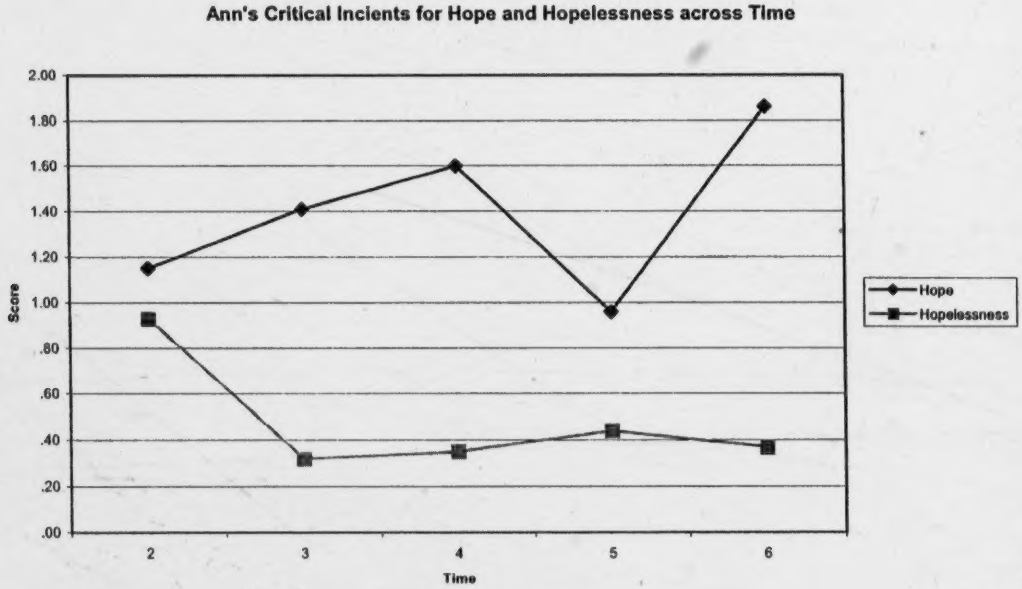

Figure 4. Ann's learning line.

Ann's level of hope and hopelessness were close at the beginning of training, but were farther apart at the end of training.

The third and final critical incident summary is presented next.

Ruth

Ruth also completed monthly critical incidents. She took to the training sessions issues arising from the critical incidents, resulting in enriching the sessions and continuing her learning and risking. For Ruth there was a direct correlation between her regularly reflecting, writing critical incidents, and learning about hope. She completed one incident monthly, totalling five reports. Ruth and Ann did not meet with the researcher until after the first training session; then they handed in the critical incidents during the second training session.

In the first report Ruth wrote about being inspired by two ideas that "jumped off the page" in *Animal Dreams* (Kingsolver, 1991). The two ideas are that the very least that you can do in your life is to figure out what you hope for, and the most that you can do is to live inside that hope (Kingsolver, 1991). The first idea stimulated her to think about what she hoped for, because she had previously "assumed that everybody hopes for the same things." The second idea intrigued her with "the notion of hope as a place of residence; something you can live inside of." Then many questions emerged:

> It got me wondering about what my house of hope would look like and what my client's houses might look like. At what point would someone decide that they needed to renovate their house of hope, and how might that be done? What would happen if something happened to the foundation of a house of hope?

It is evident that Ruth was initially working with hope at a theoretical level. She started to dispel her "hope myth" that "everybody hopes for the same things, . . . such as good health."

In her second month of learning to use hope intentionally, despair struck while she worked with two clients who had developed a sense of hopelessness during the session. "My attempts to focus on hope were fruitless. I began to feel anxious." Later in the session she

> berated myself for over-reacting to their hopelessness. . . . I wanted to talk about hopelessness, but I lost my confidence. I began to worry that if I pursued a hope theme, I might be pursuing my own agenda and give the impression that I was dismissing or diminishing their issues. Consequently, I abandoned the hope ship.

Later Ruth conceded that she had just kept hoping that another minute or two at the end of the session would "enable me to salvage some of the hope lost in the session. I think I believed that if I just waited a bit more, I would find the perfect moment to ask the perfect hope question. That moment never materialized." She wrote that "I feel a sense of disappointment with myself as I regard myself and my therapy style as very process oriented" and that to be "result driven in the therapy room is a weakness or failure." Ruth was becoming more aware of her subtle drive for results with a client, so she consciously tried to move away from being results driven towards becoming comfortable with her ideal "process-oriented" psychotherapeutic style.

Of note is that in the third group training session (which is when the second critical incident was handed in), Ruth had a notable learning moment.

This moment is described here because it sets the stage for her subsequent critical incidents. In the third training session Ruth asked Wendy for help in having a hope-focussed conversation with her client. Ruth indicated that she "primarily works narratively" with clients ,"so it's about stories for me." Wendy engaged in conversation with Ruth about how to conduct a hope-focussed line of questioning. Later, Wendy pointed out that "you have fitted it [using a hope-focus] into a framework of something you already know how to do," at which point Ruth was inspired, commenting:

> I think through today's meeting . . . I've really felt very liberated. I think that I have boxed myself in and been seeking the right way to do this hope thing. . . . And I really like, Wendy, what you had said earlier about talking about hope versus engendering hope. That's a big distinction, and I really appreciate the clarity.

The next month, in the third critical incident, Ruth described a serendipitous opportunity during a workshop to reconnect with her hope and to hear how others described hope as "light or sunshine and associated with images of nature like spring, birds; . . . while despair was described as dark, cold, and bottomless." Ruth suddenly realized that "hope could be real and practical!" She saw the value of having hope symbols and metaphors.

In the fourth incident Ruth described how she had again ventured to risk using hope, but this time she had started small by using the language of hope: "yet" and "I believe":

> I've wanted to do this for quite some time, but I couldn't quite seem to get there. I placed too much emphasis on waiting for the perfect time in session. My first try was using the word 'yet'. I was amazed at how liberating it felt to use that word! I've used it many times since.

The next hope word that she tried was "I believe." Ruth felt that this was

> more trying for me because I'm not accustomed to saying these words. I'm aware of the voice of my inner critic asking me questions like, Does anyone give a hoot about what I believe, and who asked me what I believe? I struggle with how assertive "I believe" sounds. Do I sound like some kind of know-it-all expert when I say "I believe"?

Then Ruth came to a realization that

> saying 'I believe' puts me in touch with my own hopes and beliefs. It feels good. What has really surprised me is how the language of hope seems to feel good for both my clients and me. I'm beginning to more fully appreciate that hope isn't about doing; it's about being. Hope is not a technique to be applied to my clients; it's a way of being with myself and my clients.

During this second-last month of training, Ruth augmented her hope by buying a workbook, *Making Hope Happen: A Workbook for Turning Possibilities into Reality*, by McDermott and Snyder (1999). She found that

> buying that book was an important step for me because it legitimized what is important for me—building my hope. Exploring hope, then, isn't simply another service I provide to my clients along with anger management, suicide assessment, etc. I think at some level I might have regarded it that way. I'm beginning to embrace my own hope in a way that I did not do before. Now I'm quite excited about doing the exercises in the workbook for myself, never mind my clients!

Ruth realized that she first had to make meaning of hope herself, and then she could use her ideas about hope to help other people. This transformative momentum into becoming a hope-focussed counsellor carried forward into Ruth's last month of hope training:

> I'm feeling more confident about my hope lately. I bought a tiny wall plaque of a beautiful sunflower and ladybug with the word *hope* written underneath. It is hanging on the wall right beside my bed, and it greets me first thing in the morning. I'm amazed at how such a simple word has come to have such profound meaning for me.

However, she admitted that "I still worry that I will have to justify my hope to someone, or that I will be seen as kind of an airhead for my interest in hope." When reflecting on the hope consultation group, she noted that "it has nurtured me in a way that no aromatherapy or spa treatment possibly could; . . . hope has really got a hold of me." She was becoming a hope-focussed helping professional by reaching a confidence level in using hope personally and professionally.

Ruth's Learning Outcomes

Ruth stated "being able to be hope-focussed has given me the benefit of just feeling that I'm not so swept away or vulnerable, . . . more rooted. . . . I can feel my feet touching the floor and it's okay. . . . I really love the language of hope."

Ruth's Learning Line

Another way to understand Ruth's hope is by the pattern of her hope learning line in Figure 5. Ruth completed critical incidents starting in the second month for five months. The learning line shows that Ruth's hope dropped in the third month. By the fourth and fifth months, her confidence in hope rose, but it did not stabilize, because in the sixth and final month her level of hope dropped again when she doubted her capabilities in using the hope-focussed approach. The levels of hope changed depending on how Ruth interpreted her circumstances when she was having difficulties. Of note is that her levels of hopelessness remained stable.

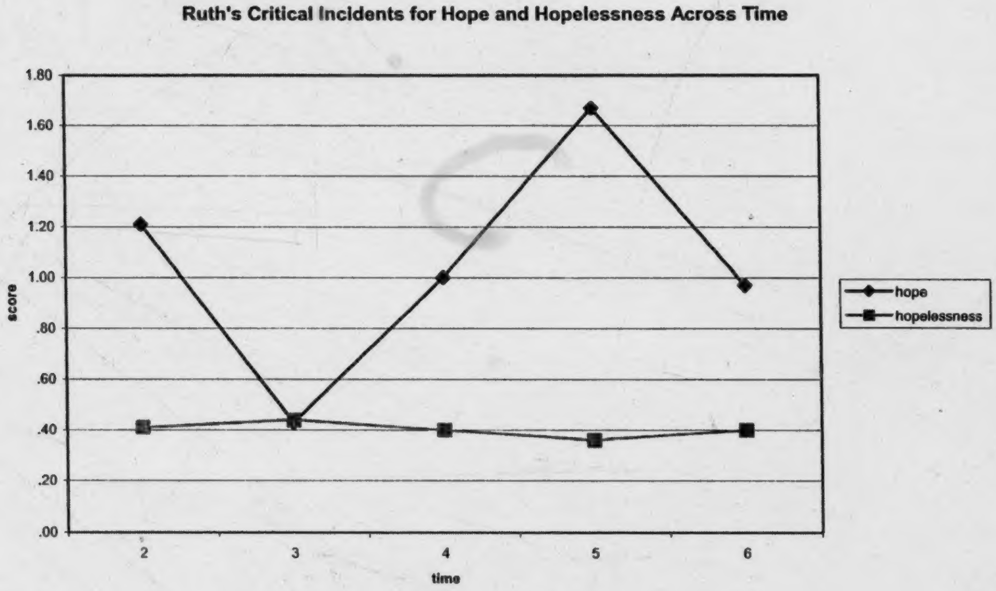

Figure 5. Ruth's learning line.

Ruth's level of hope and hopelessness were far apart at the beginning of training, with her level of hope being high. Her level of hope and hopelessness were closer at the end of training. Learning lines are one way to measure the change in participants' hope.

Summary of the Three Participants' Learnings

Faith, Ann, and Ruth learned about many hope-focussed constructs. They learned to use standardized techniques to elicit clients' hope such as asking "simple questions," the importance of possibilities and opening "the door to options," and brainstorming. These hope-focussed techniques helped when they were stuck and did not know what to do next. They learned to work with hopelessness, both theirs and clients, as well as how to build and maintain their own hope. They recognized that their hope was moderated by expectations that subsequently affected their relationships with clients. An important distinction was the difference between helping people feel that they were more hopeful and helping people develop their own options and decide what to do, thereby "engendering hope" (Ruth). Another important distinction was the notion of not always using the word *hope* when they were doing hope-focused counselling. Additionally, hope is not something to "do" to clients; it is a way of being with clients and yourself (Ruth). Lastly, these participants developed their own hope-focussed techniques and came to understand that a hope focus is a counselling framework that can be used with other counselling approaches. Changing the focus from learning to measuring hope, the next section presents three additional ways to measure participants' hope.

Measuring Hope Levels During the Learning Process

Measuring hope levels leads to answering the research question, "Do participants' levels of hope change during the training?" This section analyzes self-reported levels of hope using three measurements. The first measurement is a verbal self-report for participants in the first group. The second measurement is based on a visual analogue scale showing all of the participants' self-reported levels of hope in the pre and post interviews. The third measurement uses the Gottschalk-Gleser Content Analysis, which provides levels of hope and hopelessness using data obtained from the pre and post essays and from the critical incidents.

First Group's Levels of Hope

In the first group during session 4, Wendy asked each participant, "What is your level of hope?" The answers to this question provided timely insight into the state of the participants' hope. She used a scale of 0 to 10, with 10 being the highest level of hope. The participants' verbal responses about their level of hope are shown in Figure 6 with the highest level of hope being a 6 ½ out of 10 (Jade). Faith's hope was very low, and no one had a high level of hope yet. This check-in indicated that most group members needed ideas to increase their personal level of hope as well as to work with their clients' hope.

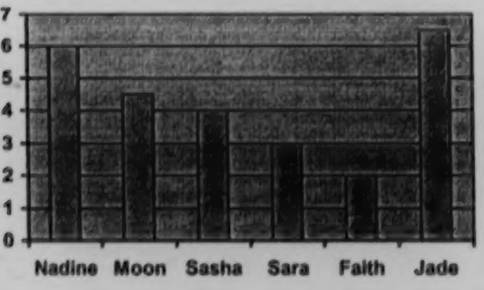

Figure 6. *First group's self-reported level of hope.*

Later in session 4, during a large-group discussion, Carmen stated that her level of hope was an "8" regarding her belief in the goal of "I can bring hope to this job." She was only at a level of "4" regarding ways to implement the goal, suggesting that she distinguished between having goals and finding ways to reach the goals, as stated by Snyder (1993). The second measurement of hope is provided by a visual analogue scale.

Levels of Hope Derived From the Interviews

A visual analogue scale located on the pre and post interview forms measured the participants' state hope. All participants in both groups had a high level of hope, with little change over the six months (see Tables 4 and 5). In the first group there was a baseline of hope because the participants' level of hope was obtained before the training. There is no baseline for the second group because their level of hope was obtained after the first training session.

Table 4

First Group's Level of Hope Using VAS

Name	Pre training	Post training	Change
Nadine	8.2	6.5	-1.7
Sara	7.5	8.2	.7
Sasha	9.75	9.75	0
Faith	6.8	6.8	0
Jade	9.5	8.2	-1.3
Carmen	8.3	9.0	.7
M	8.2	8.1	-.1

Two participants in the second group, Sandra and Lise, initially chose not to participate in the study.

Table 5

Second Group's Level of Hope Using VAS

Name	Pre training	Post training	Change
Angel	9.3	9.3	0
Ann	9.5	9.8	.3
Josephine	3.0	2.0	-1.0
Ruth	6.7	7.5	.8
Sandra	7.5	8.2	.7
M	7.2	7.4	.2

Nominal change in the level of hope for both groups within the duration of the training period suggests that simply learning about hope-focussed counselling does not necessarily change a participant's state of hope. In addition, there may have been an observer effect (Gall et al., 1996) because the participants knew that I was researching hope and they wanted to "look good," so they may have positively skewed their hope levels.

Another consideration when reading these tables is that, because of problems in personal circumstances unrelated to the hope training—a serious family illness and work-related issues—three participants' levels of hope decreased at the end of the six months. A final consideration is the law of initial value (Wilder, 1967), which indicates that the extent and direction of response in an experiment largely depends on its initial level: The higher the initial value, the smaller the possible response.

In this study 11 of the 12 participants who were interviewed began the training with a high level of hope as measured by the VAS, and it is not surprising that there was minimal change in their levels of hope. The participant with a low level of hope, Josephine, stated that her low levels of hope throughout the six months were for reasons unrelated to the hope training. Moon was not available for a post interview; therefore her results are not included. A test for significance was not performed on the data in Tables 4 and 5 because of the small sample size. Instead, changes are discussed in terms of individual participants, given that some went up and some went down. The means at the bottom of the tables indicate that there was not much change overall from pre to post. A statistics test will not be significant because the mean change was so slight.

The average level of pre and post hope was high in both groups. In both groups the level of hope was similar pre training compared to post training. In both groups there was negligible change in the level of pre compared to post hope. To continue quantitatively answering the research questions, I conducted a Gottschalk-Gleser Computerized Content Analysis.

Gottschalk-Gleser Content Analysis

The Gottschalk-Gleser Content Analysis provides a different perspective on how the hope training personally affected the participants. However, Eliot and Olver (2000) advised caution when using a scale such as Gottschalk-Gleser because the scale taps into multiple aspects of hope but combines them into a single score that does not adequately represent the multiplicity of hope. Measurement also obscures the dynamic, multiple, and changing nature of hope (Nekolaichuk et al., 1999; Penrod & Morse, 1997). For these reasons, these results should be considered in conjunction with the qualitative parts of this study.

Content Analysis of the Essays

Calculating the Gottschalk-Gleser Content Analysis hope and hopelessness scores for the essays in response to the stem sentence "When I think about working with people who appear to have no hope . . ." provides comparative pre and post training information about the level of hope and hopelessness for six participants. Calculating scores for the monthly critical incidents provides information about participants' levels of hope and hopelessness over time. Three participants from the first group and three from the second group chose both to write essays and to attend most of the six training sessions. The shortest pre and post essay written by participants in both groups was 203 words; the longest essay was 826 words, with the average length at 363 words. Twelve essays were analyzed for six participants, three in the first group and three in the second group. The other eight participants wrote either a pre or a post essay, or they did not attend most of the sessions, so they were not included.

In the first group the participants completed the pre interview before the training sessions began. Three participants in the first group completed both pre and post interviews (Sasha, Faith, Jade), and their data are reported in Figure 6. Similarly, in the second group three participants (Angel, Ann, Ruth) completed both the pre and post interviews, and their data are reported in Figure 7. Because of the start-up problems in the second group, there was not a true pre-post design for that group.

Levels of hope from the essays. Figures 7 and 8 present the pre and post hope levels for three selected participants in each group. These six participants were selected based on their completion of the pre and post essays and their attendance at most of the training sessions. In the first group all of the participants' hope levels increased from pre to post. Person 1, Sasha, had a 2.46

increase in hope; person 2, Faith, had a .22 increase in hope; and person 3, Jade, had a 2.21 increase in hope (see Figure 7).

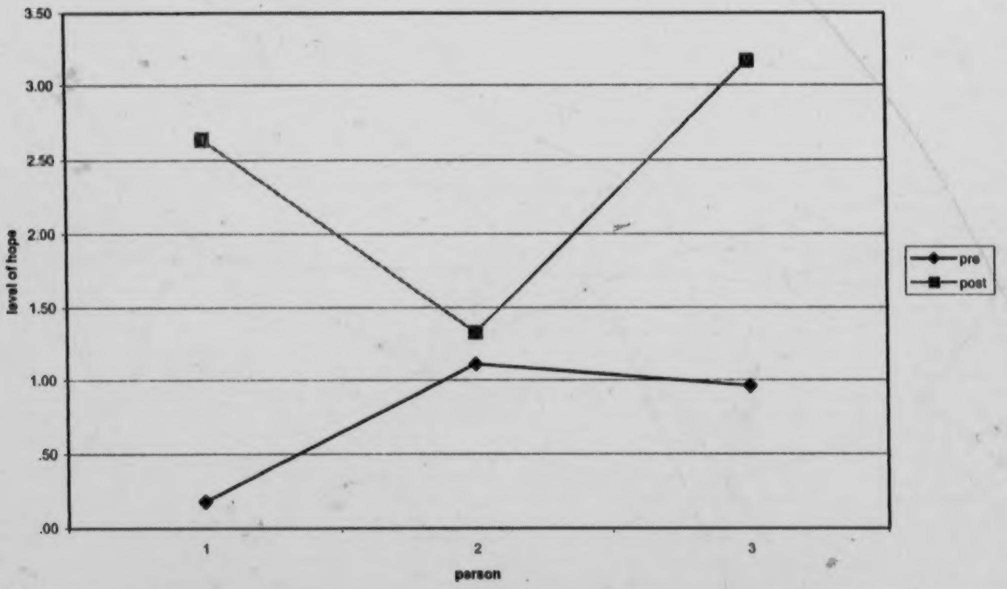

Figure 7. First group's level of hope derived from essays.

The results indicate that two of the three participants' hope levels were far apart when comparing the pre and post training levels of hope.

In the second group, the three participants' hope increased from the first month to after the last month of training. Person 1, Angel, had a .47 increase in hope; person 2, Ann, had a 1.17 increase in hope; and person 3, Ruth had a .47 increase in hope (see Figure 8).

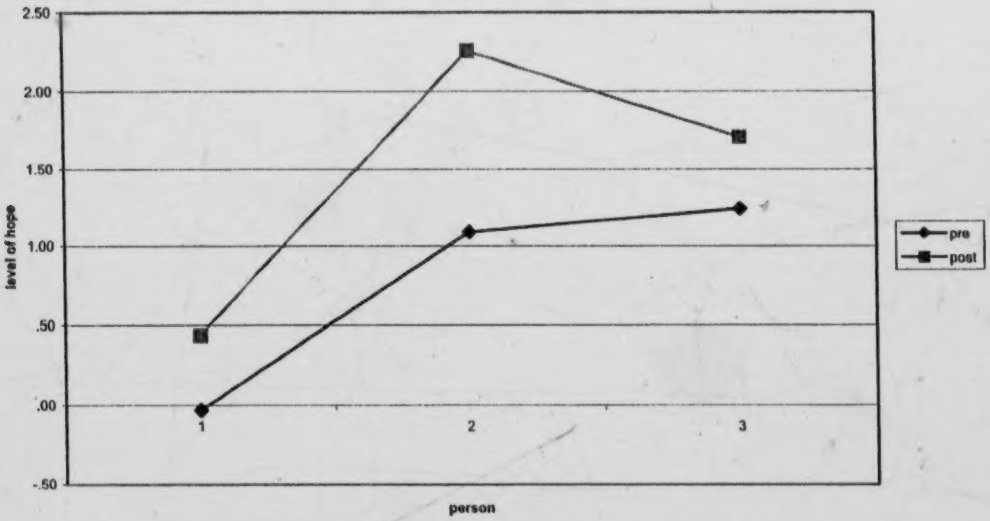

Figure 8. Second group's level of hope derived from essays.

The results indicate that the three participants in the second group had levels of hope that were close together, with hope being at a higher level post training. Overall, all six participants' hope had an increase in level of hope from pre to post training (range .47 to 3.17).

Levels of hopelessness from the essays.

In the first group, participant 2 (Faith) hopelessness increased by .09, the other two participants' (Sasha, participant 1; Jade, participant 3) hopelessness decreased, -.01 and -.05 (see Figure 9).

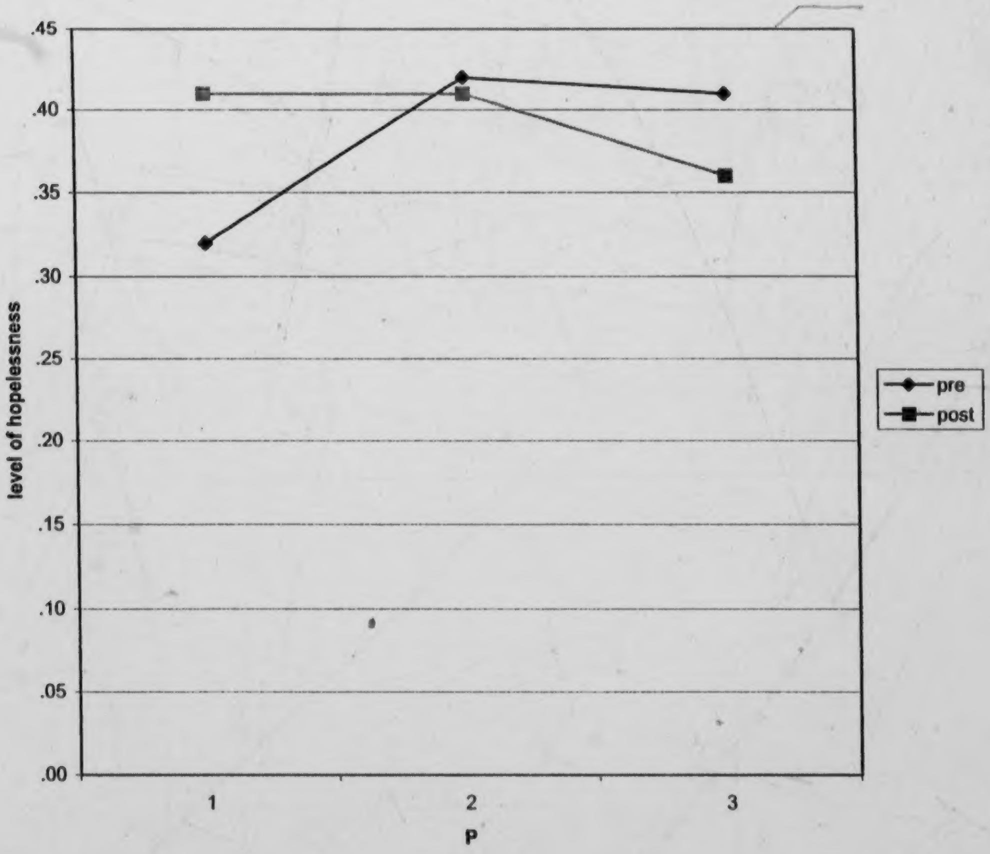

Figure 9. First group's level of hopelessness derived from essays.

In the second group all three participants' hopelessness decreased (range -.02 to -.06; Figure 10). Overall, in both groups there was no preliminary indication of a trend in hopelessness decreasing with training. The hopelessness levels were unique to each participant.

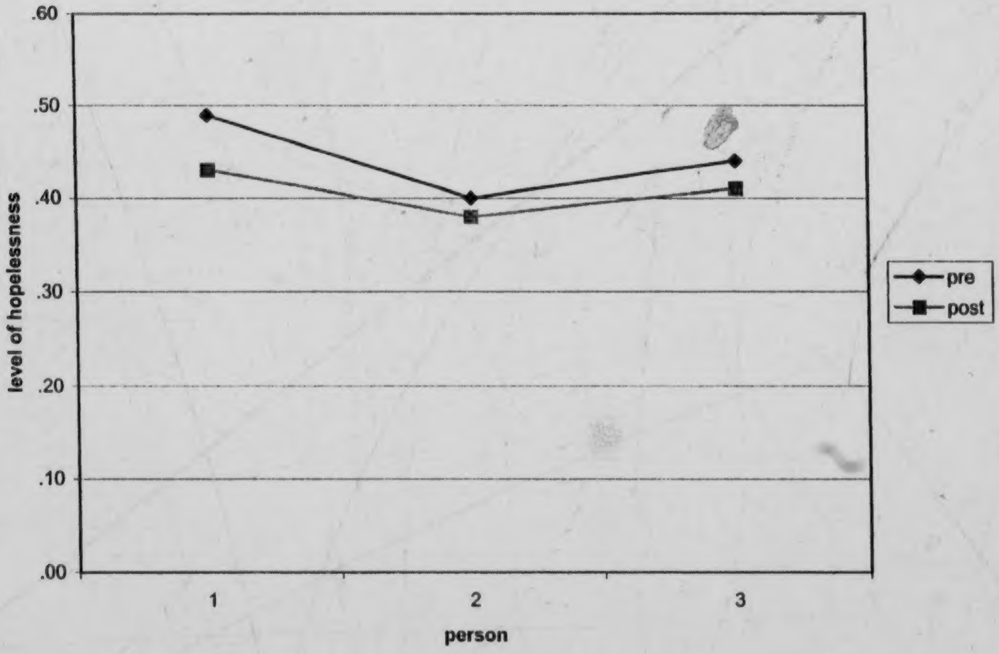

Figure 10. Second group's level of hopelessness derived from essays.

Because of the minimal degree of change, there was an almost identical level of hopelessness in all six participants. This lack of change in the level of hopelessness over the six months suggests that there may have been a minimal level of hopelessness in the participants and that training did not place their hope at risk.

Content Analysis of Critical Incidents

Calculating the Gottschalk-Gleser Content Analysis scores for each critical incident provided information about the monthly changes in the level of selected participants' hope and hopelessness. In the first group one participant (Faith) wrote critical incidents, and three participants (Sara, Carmen, Sasha) wrote or verbally dictated their incidents after the sixth training session. In the second group two participants wrote monthly critical incidents (Ann, Ruth), two others wrote several critical incidents (Angel, Josephine), and one (Sandra) verbally dictated three incidents after the post interview.

First group's critical incidents. In the first group two participants (Faith and Sara) wrote monthly critical incidents. Their hope levels increased (see Table 6). Faith's started at .31 and increased to 2.17 with the same client, David. Faith's hope decreased with her new client, Jody. Sara's hope level started at .20 and increased to 1.42. In addition, over the six months Faith's and Sara's levels of hope fluctuated.

Carmen and Sasha, who wrote or dictated their incidents after the training, had a high level of post hope, Carmen's average level was .81, and Sasha's level was 2.47. Carmen's level of hope was averaged in order to identify one overall level of hope for one point in time.

Faith's level of hopelessness increased from .14 to .38 (see Table 6), which was during the time that she counselled the same client, David, who was often in a state of hopelessness. The level of hopelessness for the other participants remained relatively stable.

Overall, three participants had a fluctuation in their levels of hope. They had minimal change in their level of hopelessness over time (see Table 6), and their levels of hope and hopelessness were usually far apart. One participant

(Sara) had one month in which the level of hopelessness was higher than the level of hope.

Table 6

First Group's Gottschalk-Gleser Content Analysis of Critical Incidents

Name	Hope	Hopelessness
Carmen 1 June	.60	.36
Carmen 2 June	.69	.39
Carmen 3 June	1.14	.36
Faith 1 Jan. (David)	.31	.14
Faith 2 Feb.	1.49	.44
Faith 3 March	1.35	.37
Faith 4 March	.30	.13
Faith 5 April	.71	.45
Faith 6 June	2.17	.38
Faith 7 June (Jody)	1.51	.43
Sara 1 Jan.	.20	.28
Sara 2 Mar.	1.02	.35
Sara 3 May	1.73	.33
Sara 4 June	1.42	.33
Sasha—June	2.47	.31

Second Group's Critical Incidents

In the second group three participants wrote monthly critical incidents (Ann, Angel, Ruth), and Sandra wrote three critical incidents after the training. Ann's level of hope started at 1.15 and increased to 1.86 (see Table 7). Two participants' levels of hope decreased. Angel started at 1.84, and her hope decreased to .61. Ruth started at 1.21, and her hope decreased to .97. Sandra had a high level of hope at the end of training, with her average level at 1.29. Sandra's level of hope was averaged to identify one level for the one point in time.

Table 7

Second Group's Gottschalk-Gleser Content Analysis of Critical Incidents

Name		**Hope**	**Hopelessness**
Ann	Dec.	1.15	.93
	Jan.	1.41	.32
	Feb.	1.60	.35
	March	.95	.44
	April	1.86	.37
Angel	Jan.	1.84	.37
	May	.61	.43
Ruth	Dec.	1.21	.41
	Jan.	.43	.44
	Feb.	1.00	.40
	March	1.67	.36
	April	.97	.40
Sandra	#1	1.22	.32
	#2	1.35	.33
	#3	1.30	.37

Ann's level of hopelessness decreased across time (see Table 7). Ann's level of hopelessness started at .93, and decreased to .37. The four participants' levels of hopelessness were relatively stable over time. Sandra's average level of hopelessness, based on three critical incidents reported at the end of the six months of training, was .34.

Generally, these four participants had minimal fluctuation in their levels of hope over time, except for Ruth (see Table 7). Their levels of hope and hopelessness were usually far apart. For one participant (Ruth), the level of hopelessness was higher than the level of hope for one month. Ruth's level of hope fluctuated based on the difficulties that she had experienced using hope that month, as described in her critical incidents. She was still feeling uncertainty in using hope at the end of training.

For both groups the participants' state hope fluctuated (see Tables 6 and 7). After the training, most participants' level of hope was higher than the Gottschalk and Hoigaard-Martin (1986) norm for adult females (M=.74, SD=0.38). After the training, Angel's level of hope was lower than the adult female norm. Angel reported family worries as lowering her hope.

Relationship of Hope and Hopelessness

Another aspect to consider when reviewing Tables 6 and 7 is whether there was a relationship over time between the levels of hope and hopelessness based on the critical incidents. Four potential patterns emerged. The first pattern is that hope increased and hopelessness decreased (Ann and Faith). The second pattern is that hope increased and hopelessness increased (Sara). The third pattern is that hope increased and hopelessness was relatively stable (Ruth). A fourth pattern was that hope decreased and hopelessness increased slightly (Angel). There was no dominant pattern in the relationship of hope and hopelessness for the critical incidents, suggesting that each participant was unique in experiencing hope and hopelessness over time.

Overall, measuring hope and hopelessness scores provides a quantitative perspective of change over time. These measurements indicate that hope is uniquely personal, as evidenced by the fluctuations over time. Hopelessness scores had minimal fluctuation and were generally at a low level, suggesting that these participants had a tendency towards a trait of low hopelessness.

Learning Goals and Outcomes

Goals and outcomes are the beginning and the end of the training process. Outcomes are an indicator of how helping professionals integrated hope in practice. The fundamental goal of each participant was to learn about hope. To meet their learning goal, they sought out a hope trainer working at the Hope Foundation of Alberta. The goal of the hope trainer was to teach participants about hope-focussed counselling. The mission of the Hope Foundation of Alberta is to provide services in teaching, training, and research about hope. Consequently, there was a triad of hope goals operating simultaneously during this study. Goals were a beginning point for hope learning.

This section on goals portrays why Faith (first group), Ann and Ruth (second group), along with other participants in the second group, embarked on a six-month process of learning about hope and why most participants wanted to become hope-focussed helping professionals. One of the first questions asked during the pre session interview was, "What do you want to learn?" This question contributed to the understanding of why participants wanted to open the door and turn on the hope switch to their hearts and minds. During the post session interviews, each participant identified outcomes, which provided an indicator of whether the participants felt they had reached their goals.

Goals

Goals set the directions for learning, and they are an important part of hope (Snyder, 1991). Snyder also stated that high-hope people should focus on success and should be capable of laughing at themselves and their circumstances. Goals light the direction for the journey in time, and they help transport people from thinking about the past into thinking about possibilities and options for the future.

Diverse motivational factors contributed to each participant's enrolment in the training sessions. Overall, they had three types of goals: personal, professional, and integrated personal and professional. Some participants, at least initially, had only personal goals, others had only professional goals, some had both professional and personal goals, and a few had a goal to integrate hope personally and professionally. Integration meant that they would first be able to identify and develop their own hope and then use that as a basis for intentionally using hope with others, either as a friend or as a helping professional. Over time, as evidenced when the leader followed up with the group about what they wanted to learn, their goals expanded.

Six participants (Faith, Jade, Sara, and Sasha from the first group; Sandra and Lise from the second group) were already intentionally using hope in their practice because all except Jade had attended the University of Alberta Educational Psychology summer school course "Hope and the Helping Professional." Therefore, some of the goals for these five participants were more explicit. Jade was a counselling student already learning to use the hope-focussed counselling approach. The goals of the leader, Wendy, set a hope-focussed framework for the learning. Faith's goals were selected from the first group based on her complete documentation. A selection of goals from the second group is also presented.

Leader's Goals for the First Group

Wendy's purpose in the first group was

> to provide whatever guidance I can for people who would like to be thinking about hope and counselling, and to have a place where they can come back and consult and check in and talk about how it's going and maybe talk about their cases. . . . But my other real purpose is to simply learn how other people are able to integrate hope and counselling. . . . I want to gain an understanding of how the methods of hope-focussed counselling transfer to settings outside of the consultation group and how easily people are able to use the strategies in practice and whether, over time, they see the work as valuable or useful.

From a learning perspective, Wendy wanted

> to get a much better understanding of the validity of the things that I teach; whether they really do matter, whether they work or whether they are important. I expect to have a much broader understanding of the concepts that I teach through watching other people implement them, and I'm hoping I'll be a more effective counsellor at the end of these sessions.

She hoped that the feedback from the training would affirm the hope-focussed training approach. Overall, Wendy had dual goals—as a leader, to impart her specialized knowledge about hope and to further the theoretical understanding of hope in practice; and personally, to continue to improve as a counsellor.

Faith's Goals

Most participants in the first group had similar goals about gaining knowledge and skills that one would expect from people who are learning something new. Faith had been using hope-focussed questions in counselling for four months before beginning the training sessions. Her goals provided insight into the participants' learning stage after she intentionally used hope for four months. She was becoming familiar with the basic hope-focussed line of questioning, but she did not know what to do for the next step.

Faith had "gotten really good at 'Can we talk a little bit about hope? What does hope mean to you on a scale of one to ten?' And then I kind of crash." Faith was looking

> for integration, like integration into me as a person and as a counsellor so that it's more automatic. After I've asked one or two questions, I'd like to feel there's a flow, as opposed to ask one question and, okay, where do I go from here, and go back to my old skills. . . . I'd really [like to] take someone from the beginning to the middle to the end.

When asked to restate her goals in the fourth session, Faith—who by now had used hope for eight months—was still concerned about the types of questions she was asking: "I will be better able to maintain my hope while counselling, using hopeful eyes and ears, and ask the perfect hope question at the right time without cheating." Faith was still focusing on learning hope as a technique.

Second Group's Goals

The second group also had integrated personal and professional goals, and they recognized the importance of making personal meaning of hope first, as well as being able to "help people increase their hope" (Josephine). The second group benefited from the facilitator's learning from the first group, so they started at a slightly higher level of expectations and knowledge. For example, they all had a copy of the new, unpublished, article "The Language of Hope in Counselling" (Edey, 2000).

Ruth represents the second group's "beginner's" goals. She wanted to learn "How do you know you're doing it?" and "the theoretical background." She added, "I think hope is so taken for granted. It's like talking about the air we're breathing." Like most participants, Ruth wanted technical and practical knowledge and skills. Some participants with introductory hope training had more specific goals.

Second Group: Specific Goals for Two Experienced Participants

Two participants (Ann and Sandra) had already been working with the constructs of hope. Their more advanced goals provided insight into what else there was to learn after using a hope focus for a few months. Both Ann and Sandra wanted "a sense of community," to come together with a group of like-minded learners about hope. Ann, who had done extensive research into the hope construct but did not have formal training, wanted "to develop teaching tools" and to "be able to talk about hope . . . and draw attention to it in a way that is typically not done right now, . . . make it more intentional, . . . personally benefit by being able to communicate my ideas better."

Sandra found that it was not easy to use the constructs of hope even though she had taken a course and was using hope in her practice. Her goal was to bring "the language of hope to others so that they would be able to formulate their thoughts and feelings on hope for themselves. I find that really hard to do. It's one thing to know it; it's another thing to elicit it and promote it." Ultimately, she wanted to "use hope-focussed counselling in my workplace with ease and without wondering if I was doing it right." These were common goals echoed by most participants in both groups. There was a follow-up to further identify goals.

Second Group's Goals After One Month

In the second consultation session, Wendy again asked the group to state what they wanted to learn. All the group members had a difficult time in their first month's homework assignment of talking to someone who was positive, not depressed, about hope. Josephine spoke for most of the group who wanted to "be able to explain what hope-focussed therapy is, . . . to help people increase their hope, . . . and to be able to maintain my own hope effectively." It was important to first identify the learning goals in order to determine whether they met the goals.

Outcomes

Learning goals set the framework for the training program and is used as a basis when examining outcomes of the program. Post interviews were conducted with every participant following completion of the six training sessions. Based on responses to the post interviews and on responses to the leader's request for feedback in the final training session, the outcomes of the training sessions and whether participants felt that they met their learning goals are reported. The participants also commented on what else they wanted to learn about intentionally using hope.

Although there were many similarities, some differences in outcomes were evident between the first and the second groups. The second group had the advantage of being later, so the group leader had an opportunity to consolidate her learnings from the first group, do some reflecting and writing about her learnings, and design a more intensely hope-focussed learning plan for the second group.

First Group's Outcomes

All participants in the first group stated that their learning goals were met or exceeded. The group discovered that hope was a "two-way, circular process" in which you help others feel hopeful, which in turn increases your hope. As well, you can frame things as being hopeful, first for yourself, and then you can see how that might create hope for someone else. They concluded that hope starts with yourself; then once you understand your own hope, you can work to help others find their hope.

Unique to the first group was that Wendy began the first session by reflecting on writing her Gottschalk-Gleser essay. Wendy's and Faith's essays provided a perspective of hope goals before the training and outcomes after the six months of training (see Appendix I).

Emphasis was on teaching the importance of creating options. The importance of creating options to help another person was a frequent brainstorming theme as participants learned the art of asking hope-focussed questions. This approach resulted in their learning two important concepts at the same time: how to brainstorm and how to create options. It also resulted in the group learning more about hope content and process, leading to a deeper understanding of hope, both for themselves and for another person.

An outcome of creating options was illustrated by Jade's learning that "maybe now it's [hope], more of an *options and choices perspective*, . . . so that is a useful application and differentiation between just positive thinking." Jade discovered that she was

> a lot more aware of what my state of hope is when I'm working with clients, . . . and I am very aware now what is happening to me, so I do internal activities to sustain my hope, because if I go into despair with them, I'm not really helping, right? But if I can sustain my hope, then it's almost like *being an anchor* for them while they slide down into the valley and then work through the process.

It is only intuitively when she sensed that the client was ready to move out of despair that she could

> share with them some of the things I have done to sustain my hope. . . . Also, looking at what they have done in past situations that have been difficult and how they've managed to pull through and hold onto their hope. I wait until they're ready to talk about hope.

Jade had developed an intuitive, personal awareness when working with hope, discovering one of the main principles of hope: that there must be options.

Faith learned to be less judgemental of clients. She learned about "the whole uniqueness of people's perceptions around the concept of hope." Hope-focussed counselling "expands my repertoire, and sometimes when I'm stuck, it's an excellent avenue. . . . Talking about hope can sometimes open up new doors." Faith's learning about the uniqueness of hope and using a hope-focus when stuck were features learned by most participants in this group.

Overall, the participants learned about brainstorming options and possibilities, asking not-knowing questions, developing an awareness of their hope-state, and identifying hope-focussed self-care ideas, including how to increase their level of hope. They also learned how to develop a hope community and how to create a hope home base.

Second Group's Outcomes

The second group learned more about hope than did the first group because they benefited from the first group's learnings. Unanimously, the participants in the second group stated that their learning goals had been met. Learning about hope affected both the personal and the professional aspects of their lives. For example, Josephine learned that even mentioning the word *hope* and discussing hope, even if it is only for a short period time, can be beneficial:

> So I think what I have learned is to do that more often. Sometimes I do it when I don't realize I'm doing it, so that feels really good because that means I am integrating it into my own way of thinking. It's not a matter of questioning people or conversing with people; it's part of me. So that's kind of a big one.

The second group learned about aspects of hope such as the language of hope, asking "simple questions," brainstorming with someone to find possibilities or options, time-jumping from the present to the future, using humour in hope, and what it takes to support hope. Creating options was "the sunrise of hope" (Angel) from which choices could then be made. They also noted that it is easy to crush hope. As with the first group, they identified hope-focussed self-care ideas and how to prevent hope sucking. They also learned how to integrate hope into their beliefs so that the hope approach became easier to use. One of the advantages of being in the second group was learning the language of hope, which did not exist for the first group; nor did the principles of hope.

More theory was taught to the second group. For example, in the third session theory was presented about the three key hope concepts: options, hope-focussed questions, and simple questions. In this third session the participants voiced their uncertainty and frustrations about learning to use hope. Hope was still invisible in their work because of their uncertainty and fear of not knowing what to do next. This group used the metaphor of a seed several times, beginning at this point in the third session. In the third session one envisioned a hope seed being planted three months ago, and now the seed was struggling to survive against external forces and unfriendly events. It was at the height of this group's frustration while discussing a case at the end of the third session that Ruth stated that she had had a breakthrough in understanding hope. Therefore, out of the tension came a learning outcome. Later, after the training, Ruth stated that she had learned to be "rooted in hope." Hope was like a "container" for her, and she now used the language of hope. Ann stated that she had "more confidence in talking about hope directly, . . . being more intentional, . . . and realizing that hope is about the everyday, the ordinary!" Both Ann and Ruth had a sense of accomplishment in using a hope focus.

One significant finding in the second group was that for the first three months most participants felt uncomfortable openly using hope—hope was kept invisible by them and to their clients; instead they were more comfortable indirectly talking about hope. There was even laughter in the third session after Angel, Sandra, and then Ann revealed that they were not mentioning the word *hope* when helping people. They were worried that others might think that hope was their "agenda."

Leader's Outcomes for the First Group

Wendy was reminded "how difficult it is for people to use the content I'm trying to teach or how hard it is for them to go off and implement these strategies." For example, Faith commented on her struggles with the hope-focussed learning process in session five. To alleviate concerns, Wendy reassured the group that

> a hundred percent of the time, if we start with hope-focussed questions, people find those difficult to use, and after awhile they just wander off and develop some really good, strong hope-inducing skills of their own, and then they come back to these questions after a period of time and find them much more usable.

Wendy further normalized the learning situation by putting a time frame of about six months to the learning process and stated, "For a person who's here on a regular basis every week, week in and week out, starting in September, it seems to take till about February, . . . and there doesn't seem to be anything that speeds that along."

Wendy also learned about the importance of using the futuristic words of "when, yet, and I believe," because they enhance or help create hope. She stated:

> Those actually I learned in the last set of sessions, but I didn't realize it for a while. I started looking at my journaling, and then I presented those in the fall in training sessions. I could see that those were winners. People could pick them up easily, and they could use them.

These futuristic words became hopeful winning words in the second group.

Wendy's experience suggests that the benefit of using a hope approach is "because it gives a structure to a conversation that people seem to appreciate and also that I am accustomed to working with now." She has counselled

> many people whose problems I cannot solve: . . . bipolar disorder, . . . multiple debts, . . . and an illness. . . . So the hope focus always gives me and a client a consistent place to come back to that we can rely on, . . . and we can deal with this difficult content without being fearful that it will take us to a place of despair. . . . Hope is the inoculation against despair.

Wendy described this hope-focussed approach as ensuring that a client is never alone with the weight of despair; hope can usually be found.

Leader's Outcomes for the Second Group

Wendy told the second group that she had learned from the first group "where people struggled with hope in working with others," but she did not elaborate specifically on the types of situations. In the transcripts from the first group it was evident that people struggled to use hope when in relationship with others. It became a double-edged struggle because the participants were struggling to learn to intentionally use hope, and they were also teaching others to intentionally put hope into their lives. Both the professional and the client/friend were struggling to learn the language of hope and to use a hope-focussed approach.

Wendy's reflections on the learning process of the first group resulted in the development of the language of hope, as well as the evolution of the concept of "simple questions." Wendy affirmed the importance of self-talk to maintain her hope so that these thoughts could become automatic, hopeful thoughts, as shown in the following excerpt:

> To sort out the basic kind of list of thoughts that I have when I'm thinking about hope. Through these sessions, that list of fallback thoughts has become really more clear to me. It's not that they are new, but they become more well defined. Things such as if a problem can't be solved now, it can be solved later. If it can't be solved by this person, it can be solved by someone else. People who cry easily often will laugh easily. These kinds of basic thoughts that I have in an automatic way, they keep myself hopeful while I am working.
>
> It has seemed to me that in almost each of these sessions that we're having right now, people sort of start from the same place. Like, how do I stay hopeful when working with this? . . . And for me then, that has caused me to think, What are the automatic thoughts that I personally keep having when I am with people that keep me hopeful?

These reflections indicate the considerations that helping professionals need to have when helping others. Overall, Wendy indicated that she had learned "my basic list of how I keep myself hopeful. What I say to my own self, not what I say to others necessarily, my own self talk when I see others." As for reflecting on how she could improve the group facilitation, what she would like to do better was "teaching simple questions." She added insightful philosophy that

> the point of the simple question is this: that, especially as professionals, we're trained to know it all, and a lot of times we really don't know it all. And unless we go back and ask really simple questions, we don't realize that we don't know it all. . . . It's to understand where they are, and how they got there, and how the world is for them, as opposed to interpreting it through how it is for you.

Remaining to Be Learned

Some participants felt there was still more to learn about hope. During the post interview, all of the participants were asked whether there was anything more that they wanted to learn about hope. The following section discusses their comments and suggestions.

First Group

Some participants were committed to continuing to learn to intentionally use hope. In the first group most participants wanted to use hope so that it seemed "natural" and "really integrated." Faith planned to learn more about narrative therapy and then "use it and hope together." She also wanted more practice in the technique of "asking radically innocent questions."

Some participants commented about hope being "an in-depth topic, and we just kind of touched on the surface of it." More important, "it is like anything that you are introduced to, something new, that if you do not use it and it does not get reinforced, . . . it is easy to lose something if you do not practice it" (Sasha).

Sasha's comment raises the question of how a helping professional continues to learn about hope in practice when the formal training is over. Sasha's immediate answer to how to "keep the [hope] flame alive" was to stay connected with the Hope Foundation of Alberta or with a group of professionals who are also interested in hope. Perhaps this need for follow-up support could be filled by the Hope Foundation of Alberta or by a hope-focussed support group.

Second Group

In the second group four participants felt that nothing remained to be learned; in fact, Ruth indicated that all of her "expectations were met and exceeded." Sandra still wondered "how you work with someone who refuses to be open to hope, . . . and how do we sharpen our hope questions?" Sandra's question suggests that more discussion could be held about hopelessness. There was no in-depth discussion about hopelessness in this group.

Angel planned to continue to develop skills in using the language of hope now that she realized that the importance of what you say impacts what you do. Angel stated:

> I am very comfortable with intent and content, and language could use some attention. . . . It's like any set of skills that you try to put together so they work in some kind of continuity and as a whole. I'm certainly not at that point, but at least I am aware that I need to bring two things together. . . . The awareness is always with me; that was a real good learning.

Ruth noted philosophically that learning about hope is also learning about life, so there will always be new things to learn. Ruth had shifted from initially seeing hope "as another tool, a flavour of the day, . . . and now hope has become a piece of me." Hope work makes "explicit that which is implicit." Other participants identified being able to trust in their empathy and enthusiasm to help others, but they did not trust in hope yet; that was still being learned.

Learning to intentionally use hope involves the person of the helping practitioner—as Sasha states, "There has to be some sense of hope in myself in order to be effective." Helping professionals need constant reminders to find ways to keep the "hope flame burning" and not let hope burn out.

Leader's Self-Disclosures

Learning was further placed into context by the leader's self-disclosures. Because Wendy has been learning to use hope for the past five years, her self-disclosures provided additional insight about the process of learning to intentionally use hope. In the first group Wendy disclosed that the way that she had changed the most was in "learning to take small steps." This type of learning reflects the difficult level of clients with whom she works. She works with clients who have a combination of health and mental problems, so their state of hope is low and their state of hopelessness can be high. Taking small steps became a philosophical approach in how Wendy led the two groups in learning about hope. She ensured that only a few major topics were covered during a single consultation session and that these topics were covered thoroughly.

Also, in the first group Wendy disclosed that for every hope question she asks, her current ratio was about three to one of missing, before finally asking one engaging, hope-related question. This success rate was an important message for those learning about using hope-focussed questions to realize that their success will likely be low for quite some time. Wendy had been doing this type of counselling for over five years, and she was aware of how difficult it is to ask engaging hope questions.

In the second group Wendy self-disclosed about her initial learning to intentionally use hope. She had to develop her skills in having a hope focus because she could not initially trust hope to help. She now trusts hope, and her goal is to make hope visible. Wendy, after observing the learning curves of three practicum students, generalized that these students initially made "a big commitment up front to do stuff with hope."

> They come to a real understanding of what their other skills are. Then they tend to take a little vacation from hope for a little while. . . . There just seems to be a learning curve, after which people can really come back and start to use hope in a big way.

This self-disclosure provided a helpful reference point at this early stage of the group's learning to intentionally work with hope.

In the second group, recognizing the group's frustration in learning, Wendy normalized the hope learning process by self-disclosing her initial uncertainties and how she personally had changed by using hope:

> At some point in my work here [at the Hope Foundation of Alberta] I changed over from the place where . . . I'd wonder, Now, is this where I could use a hope thing? to the point where, if there wasn't anything else, nothing else was working, where I would automatically go, Now, this is where I must use a hope thing because there's nothing else here that's working.

Using her experiences with the two groups, the facilitator further developed her hope-focussed counselling approach.

Leader's Hope-Focussed Counselling Approach

By journaling during the first group's training, Wendy clarified teaching points and more of the foundation for a hope-focussed approach to counselling. At this early point in her theory building, she saw three levels of hope learning. The first level is as follows:

> I think the language of "when, yet and I believe," those are easily picked up, things that when you use those with other people, you can see the immediate response. If I say to you when you were talking about the difficulty of getting your research done, and then I talked to you about—you just haven't figured out how to get it written down yet, or when you get it done. I will be able to see usually quite noticeably in you a favourable response. That is a first level learning. It appears to be something that you can teach to just about any group; you can start to teach that and get a favourable response. People who don't identify with hope theory and find the whole thing kind of murky and difficult, if you introduce those three concepts, they can take those right now and start using them. So that seems to me kind of a first-level, easier thing.

Wendy then saw a second level of learning as more of an internalized process. She describes this second level as follows:

> What you automatically say to yourself to keep yourself hopeful, that is a different level of operation altogether. It is focusing on yourself when you're trying to work with others. Usually people, I think anyway, have to develop a certain level of skill when working with others before they can go back and pay attention to themselves.

When asked about her hypothesized third level of hope learning, Wendy responded:

> I don't know yet. . . . I can see that there is probably twenty years of work here to organize the concepts into a really integrated way so that they could appear properly in a textbook and they could appear at the right level in the textbook so that you get the case histories sorted out from the theory. There is a lot of sorting to do still, and you only just do it

> from practice and then teaching, and then practice and then teaching and writing and practice to see what it is that actually flies. And then keeping on looking at the research of yourself and others as it develops.

Wendy was now thinking about being more directive when she taught hope-focussed counselling for the third time. For the first two groups Wendy

> tried to design each session according to what the needs were of the people who were in it. Some people wrote that that was very helpful, and other people wrote that they wish we had a firmer structure, so [laughs], so I think what we learned is, we had a whole different—several sets of learning styles all together.

Wendy summarized the three common learnings of the first group:

> One is that working with hope is hard work, and I have to agree with them. It is kind of hard work. Another one is that working with hope isn't a destination; it really is a journey, a seeking kind of behaviour. And probably the other most important one is that you can actually ride on another person's hope. You can spend some time riding on or borrowing hope from another person. Maybe you can't do that forever, but it's a good way to start if you don't have very much yourself.

The participants and their leader had each set goals. Six months later everyone who was interviewed after the sessions were completed stated that they were satisfied with the results of their learning about hope—so the beginning and the end of the learning process had been discussed. The hope-learning door was opened to reveal the process of how the two groups of participants learned to use hope during the six training sessions and how the leader used this learning process for theory development.

Learning Spiral

Based on the critical incidents and on the monthly group consultations, it is apparent that every participant struggled to find the right time and place to use hope. It is not quick or easy to learn to intentionally use hope. The learners fell back to their old ways at times, and some learners moved more quickly than others in embracing and integrating the concepts. Learning occurred by continuing to work with the hope concepts, by having a purpose to use it, and by seeing results.

Faith was openly frustrated when working with her client, David. During her hope learning there was a cycling upwards with successes and downwards with failures.

Faith openly admitted to feeling like a real beginner because her learning process had initially been so slow. She struggled to become familiar with using hope-focussed counselling language. She also struggled through setbacks with her client, David. Similarly, Ruth ran into difficulties because she had had a session with clients who were feeling hopeless. It took Ruth two additional months before she risked using hope-focussed counselling with clients again in her sessions. This time she did it very cautiously, using the simple words of "yet" and "I believe." The results were successful, and this became a turning point at which Ruth built on that success.

Wendy, the leader, had had similar initial learning experiences:

> So when I first started being a counsellor here, I had to trust the skills that I had. I would try these hope things out, but when they didn't work, I

> would abandon them and go back to the line of skills that I had—which was a good thing, which was the ethical way that I could offer it at that time.

In the first group a teaching moment contrasted the "rookie" counsellors, who tried to get an outcome, with more experienced counsellors, who found out

> how are we going to be with each other . . . while we figure out what we need to accomplish and we figure out the rhythm between fear and hope and success and failure? . . . These are not goals in a helping relationship; it's more how we function.

In the second consultation group Wendy discussed her hope learning stages. She started out feeling that she had to get permission to use hope and to explain its importance. By developing her experience in using hope-focussed counselling over the past five-and-one-half years, Wendy no longer asks permission to use hope with a client. Instead, she directly introduces hope so that people know where she is coming from by saying:

> "I study hope in my job, and I am always interested in how understanding hope can help people and how other people see these things in relation to hope," or some other statement like that, and then I start talking about hope.

Her reason for introducing hope directly is to make hope visible. Wendy has learned that "it is a good thing to do" and that "people just have to trust me." Her learning was given visibility when she self-revealed:

> I didn't use to say that to people when I first got here, because I couldn't. I didn't always know if it was a very good idea or not, or if I was going to be able to pursue it beyond a first question. So at that time I just had to say it was because we were at the Hope Foundation of Alberta or because I was studying hope right now and I was interested in knowing what other people's perspectives were on hope. I would launch it that way.

Now, five years after starting to intentionally use a hope focus, Wendy has transformed from using hope as one of her counselling techniques to trusting in hope as being central to the counselling process, as a source of options "when I don't know what else to do."

Two-Year Feedback From Participants

As a follow-up to how much of the hope-focussed training was put into practice, I attempted to contact all of the participants in this study by e-mail and by telephone. Participants were asked two questions: "Now that two years have transpired, does hope-focussed training influence you personally or professionally, or both? If yes, please describe how and what specific parts of the hope training you are still using." Ten of the 14 participants were contacted. Six of the seven participants in the first group responded; the seventh participant no longer lives in Canada, and she could not be located. Four of the seven participants in the second group responded, two were unable to be located, and one did not reply. Seven of the responses were from a one-half-hour telephone conversation. Ann, Nadine, and Carmen replied by e-mail. Responses to the first question are presented first.

Hope-focussed training had influenced most of the participants personally and some professionally, even two years later. Ann, Sara, Lise, and Sasha stated, "I use hope personally and professionally." In fact, Sara felt that "the personal and professional part of living with hope is so closely intertwined." Ann indicated that

> hope is the framework from which I assess and understand my life and those of others. . . . Hope is . . . the sub-text in much, perhaps even all, of what I do and who I am. . . . Of course, what I draw on from the training varies depending on whether I am doing a formal talk or informally chatting with a friend on the street—but it is there and has provided me with a new framework, a better framework in many ways, for communicating and being in community with the people in my life.

Sasha added, "I now look for hope in every situation, including counselling. In every counselling session I explore hope." Lise has used hope professionally: "I framed a legacy leadership series for educators. . . . There are many examples of where hope has no boundaries; . . . it is part of other characteristics like courage and respect.: Hope was integral to Lise. She stated:

> I continue to live my hope, believe in hope, and use the language of hope. I now understand I don't have to fix the problem, because resources lie within. . . . I see a value now of simply listening in a hopeful way.

Some respondents used hope personally and professionally, but in circumstances that were more specific. Faith used hope in counselling when she "is stuck in the session and not sure where to go, and I tell the person that. Then I say, 'Let's talk about your hope. How hopeful are you things will turn out?'" However, there are situations in which Faith always used hope in counselling: "With suicidal students I always assess their hope." I ask, "How hopeful are you that things will get better? Last year I used the scaling question. I haven't used it this year yet. . . . Hope is always in the back of my mind." Faith added that "hope thinking is either in my mind—it's there, but I may not specifically talk about it." Angel, who had not been working for six months, made hope visible only when there was trouble. She

> mostly uses it [hope] personally. . . . I use it when the opportunity arises. . . . I am trying to draw it out with my girlfriend. . . . I probably don't think of hope consciously unless someone is having trouble. Then the focus is on what can they look at that will bring a more hopeful perspective to them. Unless there's trouble, it [hope] just exists. . . . In general, I am a hopeful person. I now recognize hope differently than before through symbols; it's expanded into the natural world.

Nadine stated that she was not using any hope-focussed counselling because she was not then working. Hope personally affected Josephine because she noticed "when my own sense of hope is down." She was influenced by hope at work because "one of my primary goals is not to take hope away from clients. . . . I realize that being hopeful has a subconscious effect on clients." One respondent did not use the training. Moon stated that the training did not make a difference personally or professionally: "I always had hope incorporated into my life, so that part didn't make a difference."

The constructs from the hope-focussed training still being used two years later are presented next. The language of hope and the concept of simple questions were not developed for the first group.

Faith and Sasha used hope-focussed scaling questions, Faith used hope collage, and hope-focussed homework assignments were used to challenge clients to visually find hope. For example, Sasha gave homework to clients "to look for examples in their own life or in nature for things that give hope in what you are doing." Carmen used making hope visible. She talked about hope "with colleagues and clients informally."

Sara, Ann, and Lise used generating possibilities. Sara was helping people to generate possibilities to "move from point A to B." Ann stated, "I frequently question the limits people implicitly and explicitly put on projects, options. . . . The search for possibilities—especially as a method for breaking out of what is pulling me or others down—is very valuable."

Sasha, Sara, Carmen, Lise, and Faith used a hope-focussed list of questions—in fact, Faith still referenced the list on her bulletin board! Carmen frequently used the question, "What is the smallest thing you can do that will make a difference?" Lise now understood the value of asking open-ended hope questions such as, "Do you remember a time before when something lifted your spirits?" Lise understood "how these types of questions could help others be hopeful." Lise used the language of hope and found that the most "fascinating part in the seminar was the language of 'when,' 'yet,' and 'I believe.'"

Faith, Angel, Sara, and Sasha used symbols. Faith was still using hope stones, "especially for students in difficult situations to remind them about never giving up hope." Sara found that "symbols come out a lot in my personal life, and now I use them professionally with kids." Angel, who initially had the most difficult time of all of the participants in identifying hope symbols, commented that "symbols didn't use to mean much; it was mostly a word or a person. . . .

Now I make sure I have hopeful things around me, like plants." Ann used hope-focussed self-care. Ann was

> more conscious about doing those little things that contribute to a hope habit: taking some personal time, lighting candles, having a bubble bath. These things are not so easily dismissed as personal indulgences and something that can be sacrificed under time pressures when I acknowledge and realize how vital they are for sustaining hope in difficult times. . . . Recognition of the importance of community and celebration. Given that celebrations often involve community, I am trying to be more consistent about participating in various communities at work, at church, and exploring what a hope focus may have to offer.

Several participants linked hope to other concepts. Sara linked hope to the concept of "humanism and meaning." Sasha linked hope-focussed training to the solution-focussed counselling approach and found that solution-focussed language such as "How will you know when you are feeling hopeless?" and their "scaling 1 to 10 of hoping things will get better questions" are similar, and they integrate well with the hope-focussed language of "yet, when, and I believe." Lise linked using the language of hope with "coming up with new possibilities," and she has learned "to frame it [the questions] so that the possibilities come from the person, using their own resources and experience."

There were also some general comments. Lise stated that she "benefited from the multiple perspectives of the varied disciplines represented by the group members." Nadine reported some challenges to learning the hope focus of "my own lack of skill and confidence in the area of counselling and a sense of isolation from like-minded peers," because she was in a job where "we fly solo." Consistent with Sasha's evaluative feedback two years ago, Nadine reported, "I do believe that in an environment where several are trained and using the techniques, they would prove to be supportive for both counsellor and client."

Last, there is a prologue to Faith's work with her counselling client, David. Faith reported, "David comes to visit me twice a year and is very happy. He has a fiancé, a job, and he is healthy." He told Faith on the last visit, "That is the best 'course' I ever did, I spent a lot of time talking about hope." Faith recalled that "at times I felt they [hope discussions] were a waste of time." With more experience, she thought positively about using hope now. The learning leader indicated that she was working on a training aspect of "magnifying hope and shrinking hopelessness." The feedback shows that a variety of hope-focussed concepts were being used by all but one participant, indicating that they were or were still working towards being hope-focussed helping professionals.

Overall, follow-up on the transfer of hope-focussed training with 10 of the 14 participants revealed that 9 of the 10 participants were still using some of the hope-focussed training personally and professionally. Training techniques they were still using were hope-focussed questioning, including hope scaling and generating possibilities; giving hope-focussed homework; identifying hope symbols; and using hope-focussed self-care.

CHAPTER 5

DISCUSSION

Understanding how helping professionals learn about hope is understanding more of hope history. Until recently, helping professionals have not been formally trained to intentionally use hope. Seven themes are discussed in this chapter:

1. the similarities of hope-focussed counselling compared to other adult training, including other counselling approaches;
2. the differences between hope-focussed training and other counselling approaches;
3. issues around transfer of training, and preliminary hope-focussed competencies for helping professionals;
4. "hidden hope": While initially learning about hope, most of the participants were reluctant to make hope visible through talking about it with others. Intentionally using a hope focus was risky and created uncertainty;
5. "personalizing hope": The participants had to make personal meaning of hope first before they could bring it out of hiding and use hope with themselves, family, friends, and clients;
6. "integrating a hope focus into helping professions": It became evident that a hope-focus can be intentionally used by a variety of helping professionals; and

7. "complexity of hope": The participants discovered that hope is unique to each individual and that it has many aspects.

First Theme: Similarities of Hope-Focussed Training to Other Adult Training

Hope-focussed training has similarities to other types of adult training, including counselling training. Hope-focussed training was taught within the framework of andragogy, which included a social learning context, a conversational learning process, learning stages, learning styles, free-agent learners, different types of learning, and different levels of learning. The other aspect to the learning framework was having learning scaffolds, which are discussed first.

Learning Scaffolds

In this study the learning leader ensured that scaffolds were in place to support hope-focussed learning, such as setting goals and critically reflecting on successes and failures. Other scaffolds were the activities and role modelling provided by the learning leader. She guided the participants' learning process by sharing stories about her experiences and her current cases, and she demonstrated during the training sessions hope-focussed techniques such as asking simple questions and how to manage the difficult task of working with people who are in a state of hopelessness.

Actions of the Learning Leader

Wendy's stories demonstrated that it is not easy to learn to use hope in practice. Even though the concept of hope is so common, the intentional use of hope is not common. Hearing about the learning pattern of previous students helped overcome the resistance that was building in the first few months because many of the participants were finding it difficult to use hope in practice. As evidenced by their critical incidents about difficulties working with clients and friends and by their comments during the group sessions, some participants were frustrated, disillusioned, and questioning the value of hope as a direct intervention. They had not yet learned about the importance of personally integrating hope first. Through stories, discussions, and teaching points, the leader helped the participants make sense of the context for intentionally using a hope focus.

The core characteristic of a leader is influence or inspiration (Gronn, 1986). Calabrise (2002) pointed out that leaders must lead and accelerate the change process, have knowledge, overcome resistance to change, manage stress, and promote acceptance of change. The participants confirmed that Wendy's stories both inspired and influenced them, according to their feedback at the end of both groups. Through her specialized expertise and experience, Wendy exhibited leadership qualities of being a role model, having personal mastery, and encouraging learning (Brookfield, 1990).

Having a counsellor experienced in using a hope-focussed approach strengthened the learning experience for the helping professionals. Snyder (2001) identified characteristics of teachers who are purveyors of hope. Teachers purvey hope to students by spending time with them and showing caring, setting goals, creating ways to reach class goals, and demonstrating enthusiasm to create a motivating classroom environment (Snyder, 2001). The learning leader provided these environmental and procedural scaffolds when she taught about hope.

The second group was taught in a more directive manner. Brookfield (1986) rejected the idea that a facilitative teacher should be nondirective and attempt to serve as a resource person to learners who are in total command of their learning activities. According to feedback from the first group and the growing number of aspects to the hope-focussed approach, Wendy moved towards having more directive portions in the second group's training sessions. Being more directive is a scaffold that provides clearer directions about which hope concepts to teach. Wendy (personal communication, June 27, 2002) continued to refine the hope training using a more directive approach.

Competencies of a Hope-Focussed Trainer

The characteristics that Wendy demonstrated reveal a preliminary set of core competencies for a hope-focussed trainer. These core competencies include being a humanistic teacher; a facilitative trainer; an inspiring, reflective learning leader; and a hope-focussed counsellor role model. The trainer needs to balance directive and nondirective teaching.

The second learning scaffold was having goals. There were three types of goals: participants', the learning leader's, and the group's.

Goal Setting and Goals

In this study goals had a two-pronged value. Setting goals, which is a common step in the adult learning process, was integral to hope learning because the goal setting and subsequent rechecking process clarified the future directions of each training session. Goals kept the leader and the participants focussed on topics relevant to hope-focussed counselling.

Leonard (1992) delineated how people tackle goal setting. In goal setting there are the dabblers, the obsessives, the hackers, and those who strive for mastery. To achieve mastery there must be repetition in the design of the training (Leonard, 1992). Leonard's metaphor of successful training uses karate training. In karate there are many colours of belts that students strive to achieve through incrementally learning more difficult moves and building levels of knowledge and skill. In this study the learning leader ensured that there was ongoing repetition in both groups, particularly in how to ask the "simple questions." She involved the participants through discussions, having them bring cases to sessions for problem solving, brainstorming, and group exercises. Most of the sessions were "hands on" and provided incremental learning opportunities.

The other value of goals, according to some hope researchers (Averill et al., 1990; Farran et al., 1995; Snyder, 1995; Stotland, 1969), is that goals are associated with motivating people and are an important part of the construct of hope. Hill (1988) concurred with linking hope and goals. Hill's principle components analysis of the Beck Hopelessness Scale data from 120 subjects revealed a distinct factor labelled *hopefulness*, which appeared to be a global notion of hope involving resources necessary to accomplish goals. Hill's distinction complements Snyder's work on the value of having goals, the ways to achieve the goals, and the energy necessary to get into action. Similarly, Dufault and Martocchio (1985) identified goals as objects of hope toward which energies can be directed. Keen (2000) agreed that goals provide directionality for hope, but she cautioned that goals do not explain the entire complexity of the hoping process. This notion of having goals, working towards achieving goals, and having the necessary energy is a template for the learning process of the two groups in this study. Goals were set in the first session and rechecked in a subsequent session, and each session was energetically focussed on these learning goals.

Dufault and Martocchio's (1985) and Keen's (2000) views about goals are similar to the findings in this study: Goals are part of the construct of hope, but goals are just a beginning point when it comes to understanding the galaxy of hope.

There are common themes for training goals in both groups. Hope-focussed learning goals have three perspectives: personal, professional, and integrated personal and professional goals. For both groups Wendy deemed goals so important that she reviewed them again in another session.

Overall, the first group's goals were to personally keep hope alive, to gain knowledge and skills in using hope, and to work with anticipated resistance from a client when using hope. There was a strong theme in this group of finding ways to build hope—both for themselves and for those whom they help. This supports Snyder's (1991, 2001) model about the importance of having goals and ways to achieve the goals. The four participants who had previous experience in using hope concepts had advanced goals of wanting to learn to use hope in a more automatic way so that there would be more flow to a therapy session. They also wanted to use hope even when no other technique was being successful. They did not want to revert to their old familiar skills.

The second group had somewhat clearer goals about the types of knowledge and skills they wanted to learn. They included how to define hope, how to intentionally ask hope-focussed questions, how to use the language of hope, how to communicate ideas about hope better, and how to use hope as a method to help someone find new options. Wanting to apply the concepts of hope with ease was a common theme in both groups, suggesting that after some experience with hope concepts, all of the participants were having difficulties applying the concepts.

Having learning goals is expected when learning something new. Typically, people want to develop new knowledge and skills. The difference in the hope-learning goals is that the participants discovered that they must first make personal meaning of the construct "hope"; they must first make hope visible to themselves before they can help others in using hope as a way to cope with life's challenges.

For example, in this study, Sara saw the necessity for teachers to "help people find meaning in what they are doing and also help set goals and have dreams and have something to work towards. It helps them have hope for what they're doing." Most of the participants' goals included a desire to integrate with ease the hope concepts into their personal and professional approaches; in other words, to become hope-focussed helping professionals.

Social Learning Context

The group training sessions were social learning settings where observational learning occurred (Bandura, 1977). The relational part of learning is facilitated by having exemplary models and by interactions with others (Bandura, 1977). Jevne (1993) articulated that people experience hope in relation to someone or something. Combining Bandura's and Jevne's premises provides a relationship template for understanding how helping professionals learn about hope. During group training, the participants had opportunities to observe each other and the trainer and then to rehearse newly learned information about hope.

The time between sessions provided the opportunity for contingency learning (Tolman, 1932), where hope became generalized across situations. The participants reported using their hope skills with themselves, then with family, friends, and clients.

Learning Through Supervision

Another way to look at learning is through the supervisory role of the trainer who oversaw the progress of the hope-focussed counselling learning. Stoltenberg's (1981, 1987) integrated developmental model of four learning levels applies to this hope-focussed learning process in which, initially, the participants began with high motivation, and they were dependent on the supervisor. High motivation is evidenced in this study through the participants' reported goals and self-reported initially high levels of hope. Then in the next few months frustration became evident, and hopelessness emerged for some participants who had difficulty applying the new hope concepts. Most participants subsequently became increasingly independent as they started to have successes when they used hope with self and others.

Conversational Learning

In keeping with the importance of relationships to the hope construct, learning about hope in this study occurred during conversations. All five streams of conversational learning occurred in this study (Jensen & Kolb, 2002). The participants expressed ideas and their problems. They attended to discussions and brought their own problematic cases to sessions for help. They brainstormed, constantly analyzed, and reflected on the hope content. They asked for clarification and examples, appreciated the ideas of other participants, and voiced opinions about what was discussed. The homework assignments invited the participants to be in conversation about hope with others. Initially, the homework assignments were difficult because they were surprised to discover that it is not easy to talk about hope with others.

Although the conversational learning process is indicative of good andragogy, the emphasis on relationships in the hope construct to convey hope adds more importance to learning hope through conversational learning. Hope-focussed counselling cannot be learned simply by reading a book; there must be conversations and interactions with others to develop and to experience hope.

Learning Styles

Learning style variables include biological rhythms (morning versus evening people), perceptual strengths (visual, auditory, or kinesthetic learners), and sociological preference (whole-group versus small-group instruction) (Lefrancois, 1997). The curriculum accommodated the visual, auditory, and kinesthetic preferences of the participants. Hope constructs were taught through conversational learning (auditory), there were a few handouts for the participants to use as a reference (visual), and one hope exercise was used in which the group moved about the room (kinesthetic).

Reay (1994) classified learning styles as activist, reflector, theorist, and pragmatist. These four learning styles were accommodated by activists having large and small-group discussions and brainstorming, reflectors having homework and handouts, theorists having theoretical discussions about the construct of hope, and pragmatists having role plays and a hope exercise. Paying attention to the learning styles of participants suggests good andragogy, and it also suggests that the leader was knowledgeable about some of the pitfalls in adult learning.

Free Agent Learners

In many respects the participants in this study were "free-agent learners" (Caudron, 1999), a growing group of highly motivated, sophisticated, and educated adults who understand the need for lifelong learning and are in action learning things of importance (Caudron, 1999). According to Nowlen (1988), typically, professionals attend courses that are dominated by information update, sit for long hours in intensive two- or three-day-long courses, and write never-to-be-read notes at narrow tables. Sitting and being taught in this manner has been criticized for being ineffective at improving the performance of professionals. The hope trainer in this study did not use this ineffective training approach. Instead, she engaged the participants by physically seating everyone in a circle, on sofas and on comfortable chairs, encouraging discussions so that they could work through their own problems, and providing opportunities to share how others solved their problems. There was a good blend of theory and practice so that learning could occur.

Double Loop Learning

Single loop learning, which is learning without critical reflection, rarely occurred. For example, Josephine decided, because she was feeling a sense of hopelessness, that she should not attend the hope training sessions and stopped attending after the second session. However, she attended the final session, where she stated her regrets about not having attended the other sessions.

In contrast, Faith, Ann, and Ruth, who wrote monthly critical incidents, provided examples of double loop learning (Argyris & Schon, 1978; Watkins & Marsick, 1993). They learned by being in action to practice the new learnings every month, by reflecting on what worked or did not work, by asking for help from the group, and then by trying out different learnings the following month. Writing critical incidents and bringing problems back to the group sessions for help created constant reflection, or looping back.

In addition to the concepts of single and double loop learning, the concept of a learning spiral also applies to how helping professionals learn about hope. The spiral is a helpful metaphor because it depicts the three-dimensional interactions between learning, reflecting, and action. In this study learning was at the bottom of each loop, reflecting was at the top of each loop, and action was in the middle (Daniluk, 1989; Sawatzky et al., 1994). There is always the possibility of temporarily falling partway down the spiral when setbacks occur. The advantage of the spiral analogy is that it captures the three dimensions and the bidirectional movement of moving ahead with learning more things or moving back when setbacks occur.

Participants' Levels of Learning

Gagne's (1984a) learning levels model is a template for assessing training. Most of the sessions were in the action-learning phases of developing knowledge, comprehending, and applying new knowledge and skills. Large-group discussions, and in particular case discussions, engaged all participants in gaining new knowledge, comprehending, applying, analyzing, and synthesizing hope concepts, suggesting that this is a good hope-focussed training technique. Brainstorming is a good method to aid in knowledge expansion and comprehension of concepts. Critical incidents provided for the higher level of analysis, synthesis, and evaluation opportunities because the participants took time to think about intentionally using hope. Homework was a good method to aid in comprehension, application, and analysis.

Benner's (1984) approach is a template for the stages of hope-focused competency achieved by the participants. Eight participants began at the novice stage with no experience in using a hope focus. Six participants had had hope training and some experience, so they began at the advanced beginner stage. After the training, all participants stated that they enjoyed personal competency in using a hope focus and reported satisfaction in being able to use hope for themselves. A few participants (Faith, Sasha, Ann, Ruth) reported satisfaction in personally using hope as well as in working with clients using a hope focus;

however, Ruth critically reflected that she still did not feel competent in using a hope focus. These four participants were working towards achieving the stage of competency, both personally and professionally.

Stoltenberg and Delworth's (1987) stages based on dependency and autonomy between the trainee and the trainer also inform the hope-focused learning process. All of the participants began the training with a high degree of dependence on the trainer, and gradually over time and with successful experiences, they moved towards autonomy in confidently using a hope focus. However, most participants agreed that they still had much to learn before feeling that they could confidently help others using a hope focus. In the two-year follow-up, all of the participants who were contacted were using components of the hope training.

The learning patterns of the participants can be described as a learning spiral (Sawatzky et al., 1994). They spiralled upwards in increasing empowerment when the hope focus was working well, and they occasionally spiralled downwards because of perceived failure, such as when Faith was pulled into the hopeless feelings of her client, David.

Experiential Learning

Hanson (1981) recommended designing interventions for experiential learning to include identifying goals, as well as designing structured and unstructured experiences. The two groups in this study had goals, structured experiences (role playing, large and small discussion groups, and a hope exercise), and unstructured experiences (discussions of cases and issues, brainstorming exercises, homework), suggesting that the teaching interventions were well planned to provide experiential learning. For example, one participant commented that the homework was difficult because she would "raise the subject [of hope], . . . and it goes nowhere . . . except miraculously for one client." That client became the starting point for her analysis of her failures and her success. She began to synthesize her hope-focussed approach—supporting the value of hope-focussed homework, of experiential learning, and of hope being learned while in relationship with others.

In keeping with the experiential aspects of hope, the participants brought poetry to the sessions to discuss. The participants also brought songs and symbols carrying messages of hope to the sessions.

Another method for experiential learning was making a hope collage. Much discussion occurred in the second group on this topic because some of the group members had difficulty understanding the value of making a hope collage. They had difficulty connecting the activity of cutting and pasting pictures to create a collage with the anticipated result of building or replenishing a person's hope. The discussion clarified the value of a hope collage through creating a safe environment in which discussions could occur as people identified symbols and metaphors of hope. This conceptual difficulty makes visible the challenges in learning about hope because some of the concepts appear to be simple, but they require time to understand and to be personally integrated and then used with others.

Summary of Hope Learning Process Similarities

There were similarities between how helping professionals learned about hope and about other counselling approaches. There were learning scaffolds of strong leadership, goals, and encouraging critical reflection. Role modelling was particularly important when the participants became discouraged as they discovered how difficult it was to learn to use hope. Also typical in learning new counselling approaches were conversational learning and the social context of the learning, because relationships are integral to counselling. Accommodating different learning styles occurred, which is an important andragogical teaching technique. As with most group training, relationships were an important factor in the learning process.

Second Theme: Unique Aspects Compared to Other Counselling Training

Three unique aspects in learning about hope-focussed compared to other counselling training were identified. First, the unique importance of relationships, and the levels of participants' hope and hopelessness, including whether there were patterns in the relationship between hope and hopelessness were discussed. Second, the unique curriculum of the hope-focussed training sessions was examined. One of the most exciting aspects of studying the two groups of participants as they learned to use a hope focus was seeing the emergence of hope theory during this planned part of the curriculum. This emergence of hope theory reinforced the value of studying the beginnings of how participants learned about a hope-focus. Last, the discussion of hope topics, particularly those topics that emerged during the training, was unique. Participants wanted to learn more about hope symbols and metaphors, hope and depression/ hopelessness, and hope-focussed self-care.

The Value of Relationships

According to von Lagerfeld (1986), the highest level of experiential reality is achieved through interacting with others. There is a high degree of difficulty in learning to do any type of counselling, and there is an additional level of difficulty in learning to use a hope focus. Although a helping professional must be in relationship with others to learn any type of counselling, the full extent of the hope construct can be learned only while in relationship with others.

Therapist-client relationships have a central role in the process of psychotherapy and in client change (Greenberg & Pinsof, 1986; Rogers, 1957), representing a common factor for client change (Beutler, Machado, & Alstetter Neufeldt, 1994; Horvath, 1994; Horvath & Luborsky, 1993). The value of relationships in hope is supported by numerous authors (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998; Benzein & Saveman, 1998; Edey, 2000; Fischer, 1988; Nekolaichuk, 1995; Wong-Wyllie, 1997). Edey (1998) connected the importance of relationships in therapy with the importance of hope in therapy when she noted that effective counselling generates hope because counselling is a two-way exchange in which the teller can recite a problematic story and the counsellor can draw out, support, and inject hope. Nekolaichuk found an interpersonal factor in the hope construct that she named "authentic caring," in which credibility within a caring relationship is an important attribute. This authentic caring connects back to Rogers' (1957, 1985) original themes of important constructs in psychotherapy of unconditional positive regard and empathy.

Nurses have studied hope and relationships (Dufault & Martocchio, 1985; Nowotny, 1989; Owen, 1989). Dufault and Martocchio found that hope has an affiliative dimension, a relatedness that occurs in social interactions, attachment, and intimacy. Nowotny's strategies to facilitate hope include having relationships with others. Owen found that hopeful patients depict a future as centering on family and close friends. Cutcliffe (1996) found that patients gain hope from any aspect of any interaction with their health care workers, legitimizing the aspects in this study of borrowing and developing hope in other people.

There were commonalities of the hope-focussed learning process with learning other counselling approaches. The positive relationship between the learning leader and the participants created a positive learning environment. Additionally, the positive and open relationship amongst the participants facilitated sharing of experiences and learning from each other. The relationships that each participant had with family, friends, and clients to practice also facilitated learning.

When learning to clinically use the common word *hope*, the participants had to intentionally understand the unique concepts. Sandra lauded the importance of intentionality because she found that "what I focus on and put intention behind and energy behind usually comes to be, despite all the obstacles others may list." Other unique aspects of hope learning are that participants had to make personal meaning of the concepts and then use the concepts in relationship with others. Intentionality, making hope visible, and knowledge are differentiating factors in the hope-focussed learning process.

Relationships are a common factor in psychotherapy and an integral factor in using a hope focus. Relationships and hope are both common factors that have a circular connection. Another way to present the unique experience of learning about a hope focus is quantitatively.

Quantitative Analysis

Having instruments to measure hope and hopelessness is unique compared to many other counselling approaches. This quantitative analysis provides information about trends in the participants' levels of hope and hopelessness. First, based on the visual analogue scale, 12 participants had a similar, high level of pre session hope and a similar high level of post session hope, suggesting that both groups started and ended the training with a high level of hope. Second, based on the Gottschalk-Gleser Content Analysis of comparing the pre and post essays, there was no overall pattern in six participants' hope levels beyond beginning and ending at a high level of hope.

Results of the VAS were consistent with results of the Gottschalk-Gleser Content Analysis. There was a trend towards having a minimal degree of change in the level of hopelessness over time, suggesting that the six participants had a trait of a low level of hopelessness. Third, based on the Gottschalk-Gleser Content Analysis of the critical incidents, eight participants also had no common pattern in their hope levels over time. This finding suggests that each participant had a unique experience while learning to intentionally use hope.

Unlike hope, there was a similarity in levels of hopelessness between participants. Based on the essays, six participants' hopelessness levels were similar (range .36 to .43). Based on the critical incidents, the participants' hopelessness levels were also low. These low levels of hopelessness over time suggest that the participants' had a trait of a low level of hopelessness. The relationship between hope and hopelessness did not reveal any dominant trends.

When I presented the preliminary findings at the Hope Foundation of Alberta on June 12, 2001, I showed the six participants who attended, along with others interested in hope research, the findings on their levels of hope and hopelessness during the six months of training. I asked whether these line graphs reflected their experience about feelings of hope and hopelessness during the six months. They all concurred. I reminded them that this analysis of their levels of hope and hopelessness was based on a six-month time period. Because it is state hope, an analysis at a different point in time and in a different situation could yield different results.

Hope Curriculum

The hope curriculum consisted of expectations, beliefs, barriers to hope, definitions and descriptions of hope, sources of hope, hope symbols and metaphors, hope synonyms, the language of hope, hope-focussed questions, possibilities and options, state and trait hope, the relationship of hope to time, hope resources, hope principles, and hope-focussed self-care. Several topics were not taught in both groups; however, based on their impact and on the consistency of importance with the hope literature, they are considered an important teaching topic, and they are included here. Wendy did not teach the content in a preplanned, sequential manner, preferring to let the participants' questions lead into the various topics. By the end of the six months, all topics were covered.

Definitions of Hope

This study did not find a consensual definition of hope. Each participant defined or described hope uniquely. Five of the 14 participants chose not to define hope, preferring to describe it instead. They felt that defining hope was too limiting for such a broad concept.

Training made the hope definitions more uniquely personal over time as the participants developed their own ideas about the hope construct. Two themes emerged—definitions with an action component and with an emotions component. The action component has a situational, interpersonal focus. Within the action theme are changes that occur in people, such as "making a positive difference," having "a sense of purpose" that pulls a person into the future, and being on "a journey" or in "a process"; and sometimes during that journey/process there was "a struggle." The emotions component has an intrapersonal focus. Within the emotion theme are hopeful feelings, energy, and spirit. These two components are congruent with Nekolaichuk's (1995) model of hope. Nekolaichuk theorized that hope is represented by the themes of personal spirit, risk, and authentic caring. Farran, Herth, and Popovich (1995) also identified similar themes, as did this study. Their themes are that hope is a feeling, a way of thinking, and a way of behaving.

The participants' acceptance of multi-definitions of hope is consistent with Jevne's (personal communication, January 14, 2002) conclusions that no consensual definition exists for hope and that perhaps a singular definition is not necessary. It is also consistent with Eliott and Olver's (2000) proposal to use a taxonomy of hope because a taxonomy captures hope's multiplicity. Other authors (Averill et al., 1990; Farran et al., 1990; Nekolaichuk & Bruera, 1998) agreed with not defining hope and not assessing clients against a prescribed definition. In this study the participants described hope as a unique, personal experience, pointing to future studies ceasing to search for one consensual definition.

Principles of Learning about Hope

The five hope principles brainstormed by the first group provide a foundation for learning about hope, however the principles are descriptive, and more like characteristics of hope. Stated as learning principles these are:

1. Learners will discuss hope and receive feedback.
2. Learners will develop an awareness of their levels of hope and hopelessness.
3. Learners will learn about finding hope in different places using a variety of methods.
4. Learners will learn about the language of hope, and how to access metaphors, and symbols as powerful vehicles to generate and maintain hope.
5. Relationships are a powerful vehicle by which to generate and maintain hope.

These five hope principles were incorporated throughout the six training sessions in each group.

Hope Synonyms

Hope synonyms provide another avenue for working with clients about hope. Responses to the learning leader's question to identify and discuss hope synonyms indicated that the participants knew a narrow range of hope synonyms. This suggests that more direction could be given when leading a topic about hope synonyms to ensure clarification, particularly between hope and optimism, as well as faith, expectation, wishing, dreaming, and belief. Rodale (1986) and Roset (1999) identified numerous hope synonyms that could guide teaching the segment about hope synonyms. The concepts of state and trait hope also need to be taught because they are another aspect that make hope-focussed counselling unique.

State and Trait Hope

Understanding distinctions between state and trait hope were difficult for the participants to master. Using the hope scaling question of "Identify your level of hope on a scale of 1 to 10, with 10 being the highest level of hope" was a technique that helped the participants start to understand the concept of state hope. There is evidence in this study for trait hope based on unsolicited comments about the participants' hidden hope, such as "It's [hope's] always been there" (Josephine).

Understanding state hope is an important concept for helping professionals because asking clients questions about their current level of hope helps during the initial assessment, during a counselling session, and in identifying what hope-focussed approaches to use.

Language of Hope

A novel approach that was developed during the second group's training was converting the common words "yet," "when" and "I believe" into hope-focussed language of the future. Having a language of hope is a major theme that evolved during the study.

Having a language to work with hope has similarities to Martin's (1998) research with families whose babies died from Sudden Infant Death Syndrome. Martin found that until Kubler-Ross (1969) published her model about the grieving process, there was no language, no reference point to help parents in their grieving. However, once the model was available, parents had a language and a grieving model that made it easier to understand their tragic loss. Similarly, now that there is a developing language of hope, it will be easier to make hope visible and to work with the many aspects of the hope construct. Part of using the language of hope is the art of asking hope-focussed questions.

Hope-Focussed Questions

A unique feature in this study was the development of hope-focussed questioning techniques and strategies. These questioning techniques were based on existing publications (Edey, 2000; Edey et al., 1998; Jevne, 1998; Jevne et al., 1999). Faith, when contacted two years after her training, indicated that she had used the list of hope-focussed questions that is still on her bulletin board so that she can easily refer to them.

Anchors

In this study anchors held a double value. First, anchors for several participants were a physical symbol of hope. The second value is that past strengths, successes, and positive symbols were used as anchors. Using conditioning theory, the participants were taught how to pair a favourite picture, object, memory, or experience with the state of hope through asking hope-focussed questions such as "If a picture on your wall could remind you of hope every morning, what would that picture be?" (Edey et al., 1998, p. 23).

Possibilities and Options

Intentionally using possibility thinking is another aspect that made hope-focussed training unique. The words *possibilities* or *options* were used interchangeably by the participants, but for brevity, only *possibilities* will now be used. The participants in this study agreed that one of the main learning points was becoming aware of the usefulness of creating possibilities. They were taught how to create possibilities through the techniques of brainstorming, group discussions, case studies, and small-group work.

A few studies linked hope to possibilities. Keen (2000) found that, for people who have made profound change, hope is becoming open to the possibilities of change. Keen's linking of hope to possibilities is different than in this study. The trainer in this study intentionally taught the skill of creating possibilities in order to help clients increase their hope. Possibility thinking paves the way for new directions.

Relationship of Hope to Time

The participants in the first group were taught how to distinguish hope in the future from hope in the present, but there was not a similar discussion in the second group. Because the relationship between hope and time is an aspect that makes the hope concept unique, and because thinking about the future is also part of possibility thinking (Lester, 1995), it is worthy of mention in future training sessions. Perhaps a hope scale such Herth's (1991, 1992) could be given as homework between training sessions to heighten helping professionals' awareness about the temporal nature of hope. With this heightened awareness, helping professionals may have a better understanding about using the hope-focussed temporal language of "yet, when, and I believe."

Hope Sources and Resources

Both groups in this study brainstormed lists of sources of hope and resources of hope, indicating that both the leader and the participants viewed these as important topics.

An overlap in terminology between hope sources and hope resources was evident in a review of the definitions and examples from previous studies. A *resource* is defined as something that can be looked to for support (Soukhanov, 1994), whereas a *source* is defined as a point of origin (Soukhanov, 1994). In this study there was a theme of building hope by using sources—for example, "acts of hope such as a smile" (Faith)—and another source was nature. The participants emphasised the importance of creating possibilities from which to make choices. Having a multitude of possibilities was a source of hope, and, according to Nadine, "having choices gives a sense of control to your life." Numerous authors concurred with having sources of hope as social support and personal control (Farran, 1985; Farran et al., 1990; Rabkin, Neugebaur, & Remien, 1990; Sutherland, 1993). Many studies used the term *hope sources,* which include family, friends, pets, and spirituality (Popovich, 1991); and having interpersonal connectedness and a spiritual base (Herth, 1990).

Raleigh (1992) found that the most common resources supporting hope were family, friends, and religious beliefs. However, these types of resources are different from the themes that the helping professionals identified in this study; namely, songs, hopeful success stories, books, and hopeful language. This difference suggests that hope sources and resources are personally unique. Although there is overlap in the terms *source* and *resource*, the term resource is used in this study when a person is in relationship to help another person find his or her hope.

Hope Symbols and Metaphors

Developing familiarity with the indirect language of symbols and metaphors and then starting to use symbols and metaphors was an integral aspect in learning about the hope-focussed approach. In fact, similar to the hope-focussed approach, there is now a metaphor therapy approach within which various models of therapy can be integrated (Kopp, 1995). Metaphor therapy is not a new school of therapy—especially because metaphors have been used since ancient Greek times. Metaphors having a connection to ancient history is similar to hope in that hope is also founded in ancient Greek times.

Kopp (1995) argued that it is limiting to use only word symbols because words are narrow and confining in scope. To maximize the hope experience, helping professionals need to help clients access both sides of the brain, thereby connecting with hopeful words and hope metaphors and symbols. Hope is a word symbol that you can become very close to explaining but never quite succeed. Because it has so many dimensions and personal meanings, it is helpful to have other modalities to access hope.

Kausar (2000) used metaphors and images in her hope research because they made "the concept of hope visible and easy to grasp" (p. 192). The themes of her participants' hope metaphors were light, brightness, colours, energy, and strength (Kausar, 2000). The themes in this study were light, nature, religion, and people. Given the uniqueness of hope, it is not surprising that only one theme in this study was similar to Kausar's themes.

Kopp (1995) stated that therapists could be knee deep in metaphors and not realize it, suggesting that there is a need for training therapists in the therapeutic use of metaphors. Metaphors can serve as markers that helping professionals can come back to in a counselling session. Metaphors can also aid clients in bringing themselves out of a state of hopelessness; metaphors are a source and resource for hope.

Beliefs and Expectations

Beliefs and expectations provided the participants with a framework for hope and a framework for their clients. Wendy indicated that the first thing that she figures out with a new client is his or her expectations. Expectations are incorporated into many hope definitions and are a starting point for hope work.

Another starting point is beliefs. Angel stated, "Hope begins with positive beliefs." Beliefs set a framework for hopeful behaviour and influence attitudes and expectations. Goldman (1999) indicated that having beliefs implies having conscious, verbalizable information that is likely influenced by numerous expectations. Cantanzaro and Harger (1993) postulated that generalized expectancies should be associated with individuals' beliefs. There appears to be a circular relationship between expectancies and beliefs, with both concepts having important early roles in hope-focussed counselling.

Hopelessness

The participants discovered that clients who were in a state of hopelessness needed to be down in the murky waters of hopelessness for a while before being able to talk about hope. This process of working through feelings of hopelessness could not be hurried; the hopeless feelings had to be first acknowledged. Acknowledging and then working with a client or friend who is in a state of hopelessness is one of the most difficult activities in learning to use a hope-focus. This difficulty was evidenced when Wendy warned the group when she assigned homework to talk to only positive people. She did not suggest talking to people who were negative or hopeless, because this level of work is difficult and it should not be undertaken in the early stages of learning to use a hope focus.

The second group spent minimal time in discussing the topic of hopelessness. However, the in-depth discussion of hopelessness in the first group provided ample opportunity for the participants to identify their difficulties in working with people who were hopeless. It is suggested that the topic of hopelessness be included in future training sessions about hope.

Hope-Focussed Self-Care for Helping Professionals

Typically, self-care ideas for helping professionals involve exercise, psychotherapy, keeping professional training current, separating yourself from your work, celebrating successes (DeAngelis, 2002a, 2002b), losing weight, nutritious eating (Martin, 2002), massage (Daw, 2002) or other body work, and meditation or similar mind-quieting experience (Murray, 2002). As shown in this study, from a hope-focussed paradigm there is a need for "hope-proofing against the lows of life" and protecting yourself from the "hope-suckers." Ideas include using hope symbols, metaphors, imagery, affirmations, and past successes, and having a nurture list. One participant symbolically budgeted energy throughout the day and gave away the energy as "hope dollars" to clients, making sure that she replenished her hope bank. Also unique to the hope focus is time-jumping into the future to a time when a person can envision a brighter future. These self-care ideas are another indicator of the different paradigm that is developing when helping professionals work with hope.

Comparing the Hope Curriculum to Other Hope Studies

Having identified the similarities and differences between hope-focussed training and other training, another question arose: Did the hope curriculum cover topics that other hope studies have identified as important components of hope? In a comparison of the results of this study to that of earlier research (Averill, Catlin, & Chon, 1990; Dufault & Martocchio, 1985; Farran, Herth & Popovich, 1995; Snyder et al., 1999), there is a consistency in topics about identifying beliefs and expectations, defining hope, referring to hope synonyms, using symbols and metaphors, describing goals, explaining state and trait hope, explaining hope and the time dimensions, considering hope as a common factor, identifying and clarifying hope-focussed sources and resources, and mentioning hopelessness and depression. New aspects not covered in previous studies are asking the "simple question"; using the new language of hope; intentionally brainstorming for possibilities; intentionally using past-, present-, and future-situated questions; and using hope-focussed self-care ideas.

However, a few of the topics commonly covered in hope research were not discussed by the participants and were not mentioned during the learning process of the two groups. Coping, which is a natural outcome of having hope, was not discussed. Coping is a link between hope, with hope's inherent goals, plans, beliefs, and the ability to handle daily problems (Miller, 1983). However, coping is only one benefit of hoping. Hope is bigger than coping with daily life. With hope there is coping, as well as striving and thriving. These studies suggested that there is a close link between hope and coping that could be useful for helping professionals to know.

Second, early human development aspects of trust and hope in the human development model (Erickson, 1982) were not covered. Third, the history of hope was not discussed. Because the concept of hope is embedded in ancient history, there is much to be learned from others. Perhaps additional hope topics could become extra reading, those who are interested could watch hope-focussed movies, or it could help someone who is struggling to learn the complexities of hope. These missing topics highlight the problem of deciding which of the aspects in the construct of hope should be used for training because hope is so complex. These differences point to the importance of being knowledgeable about a range of hope constructs to be able to use the aspects of hope appropriate to the situation, because hope is a common factor in helping relationships. In helping others by using a hope focus, there is no room for a cookbook approach; instead, unique hope-focused skills and knowledge are needed.

Third Theme: Transfer of Training

Transfer of training is a major consideration in adult learning. Broad and Newstrom (1992) explained that *transfer of training* is defined as the effective and continuing application of the knowledge and skills gained in training, both on and off the job They indicated that 40% of skills learned during training transfer immediately, 25% remain after six months, and only 15% remain after a year. Given these dismal retention statistics, it is not surprising that authors have concluded that much of the training in organizations fails to transfer to the work setting (Baldwin & Ford, 1988).

Barriers to the transfer of training include trainees' perceptions of poorly designed and delivered training, separation from inspiration or support of the trainer, discomfort with change and associated effort, perception of irrelevant training content, perception of impractical training programs, a nonsupportive organizational culture, interference from the work environment, lack of reinforcement on the job, and pressure from peers to resist changes (Baldwin & Ford, 1988). The feedback on the training in both groups and the observations of the researcher identified one barrier: that there was no one at work to support their hope-focussed learning (Sasha and Nadine). The participants' feedback suggests that the training curriculum was thorough, effectively delivered and inspiring. Most of the participants were motivated to change and made an effort to learn the new skills. They perceived the hope topic as relevant and practical, and they felt supported—in fact, in the first group the sessions were viewed as a monthly support, a "home base."

Garavaglia (1993) identified many strategies that curriculum designers can use to help ensure transfer of training, including using analogies, advanced organizers, drill and practice techniques, visual displays, application of the elements in different settings, pretraining reading assignments, having learners produce real-life outcomes, and having supervisory and managerial support from the employer. In the hope-focussed training the leader used all of these strategies except receiving support from the employer. Involving employers could help in the transfer of training in future courses.

Little is known about the employers of the participants other than from Sasha's comments in her critical incident. She identified a need for an ongoing hope-focussed support group. Missing in the training were follow-up structures to ensure a transfer of training so that the newly learned hope knowledge and skills would not fade. Only one participant had a worksite where colleagues had been trained to intentionally use hope. Sasha and Nadine commented that it would have been helpful having co-workers to whom they could talk about hope in order to help keep hope alive as well as work through problems from a hope perspective. No arrangements for a hope support group were made by the participants, nor was it a topic in the sessions; however, there were several small groups of friends who perhaps continued to support each other informally. Many participants were still developing hope-focussed competencies at the end of the training.

Competencies of a Hope-Focussed Helping Professional

There are several interrelated competencies unique to a hope-focussed helping professional. Based on the considerable discussions about self-care in both groups and on the danger of burnout in the helping professions, the first competency is having the personal attribute of a high level of hope. Both groups had a high self-reported level of hope both before and after the training. Having a high level of hope allows one to be a hope role model, like the learning leader in this study. It also enables the helping professional to lend hope to others. The helping professionals must have the ability to replenish their own hope when it becomes low. They must know and be able to quickly access their own sources of hope. Having the knowledge, ability, and carry-through for hope-focussed self-care is an important competency.

Another competency is the ability to reflect on personal goals, expectations, and beliefs, and, through reflection, to be intentional about using hope and making it visible to others. Reflection is premised on first having the hope-focussed knowledge and skills, identifying goals or expectations, and understanding beliefs; then having the ability to intentionally use a hope focus in relationship with others; and, finally, reflecting on the events and seeking improvements. Reflecting and having specialized hope-focussed knowledge and skills lead to being seen as a credible and authentic hope-focussed helping professional who can inspire and instil hope in others.

Summary of Training

How helping professionals learned about hope was similar to other adult training processes and to counselling training. However, there were differences in the increased level of importance of relationships and experiential learning and in the training curriculum content being uniquely hope focussed. The participants could not just learn the theory of hope; they had to be in relationship with others to make meaning of hope. The greatest impact of the training was at the personal level, leaving participants with hope-focussed beliefs and values.

Fourth Theme: Hidden Hope

For most participants hope was hidden until they started the hope-focussed training sessions. Five participants (Sasha, Faith, Sara, Sandra, Lise) had taken a university summer school course, "Hope and the Helping Professional." Sara stated that she "did not start thinking about hope until taking the hope university course in the summer."

Some participants had an *intuitive* knowing that hope was always there; for example, Sasha believed that hope "is a part of me and always has been." Some participants did not consciously think about hope until there was a "hope happening"; for instance, Josephine could not say when her "hope happened." She had a knowing that "it's always been there. . . . I actually identified with it when I started working [in a hope-focussed place]."

Unlike having an inner knowing that hope was always a part of her, Ruth first found her hope at a spiritual retreat when the group leader wished "hope" for her as a parting gift. Ruth stated that it was like an "epiphany" when hope became visible. Nadine revealed that she had not intentionally used the word hope at work, but she wanted "to head in that direction," so she signed up for the training.

During the initial few months of training some participants kept hope hidden from others. Ann reported in her first two critical incidents that she did not discuss "hope proper," meaning that she did not use the word or any similar word or topic; she "felt unsure about using hope." There was a risk to using hope because Ann thought that talking about hope might have been viewed by her friends as "her own agenda." Ann, like most of the other participants, had a cautious approach when beginning to intentionally use hope in practice.

A few participants chose to continue to keep hope in hiding. For example, Carmen, who felt that "hope was always with" her, stated "You can do it [be hopeful] without naming it." Carmen did not see hope as an intervention to help others; rather, hope was an attribute of herself to help her through a current difficult time in her life. These findings are similar to those of Bandali (2003) who indicated that for some of her participants hope is "below the surface and so requires reflection" (p.52). Jevne's framework about hope is also a useful indicator of learning. Jevne's framework (personal communication, November 14, 2002) suggests three levels of intentionally using hope. The first level is where learners usually focus on outcome, then on having an internal framework about hope, and thirdly, on intentionally using hope including with others. Using Jevne's framework, these participants would be at Level 2 of using hope as an internal framework, with a few at Level 3.

We might use the historical context of hope to shed light on why hope is hidden. Hidden hope may connect back to the ancient myth about Pandora. According to this myth, for unknown reasons Pandora left hope in the box so that it remained hidden and invisible. Hope could not be found to help the world with all of the physical and mental afflictions that Pandora had inadvertently unleashed into the world. Intention and training are now needed to bring hope out of hiding, to break out of the Pandora-like box that has kept hope hidden. This problem of hidden hope is a possible area for further research. As helping professionals come to understand the value of hope-focused work, they may concomitantly make hope consciously more visible in their lives and in their work.

Modern-day author McCaughrean (1993) offered one way to break out of Pandora's box. She retold the story of Pandora's box, where Pandora succumbed to her curiosity about the contents of an old wooden chest and opened the box. Out of the box slithered disease, cruelty, pain, old age, disappointment, hate, jealousy, war, and death. Pandora shut the lid, but only in time to capture the last inhabitant, who begged to be released. "I am Hope," whispered the little voice, "Without me the world won't be able to bear all the unhappiness you have turned loose!" Therefore, Pandora released hope into the world in the form of a butterfly. A butterfly became a visible symbol of hope for the world. Symbols are one way to make hope visible; another way is by personalizing hope.

Fifth Theme: Personalizing Hope

During the first few months of hope-focussed training, the participants realized that before they could talk to somebody else about hope, they had to first make personal meaning of hope for themselves. The first stage of hope coming out of hiding is to make it visible to "self." Unlike a technique that is learned at a one- or two-day training seminar and then put into practice, it became evident that the participants could not just go out and easily put hope into practice. First they had to learn about and integrate hope into their way of being and their unique "helping approach"; once this foundation was in place, they could first work with hopeful, positive people. Later, with more experience, they became equipped to work with people in a state of hopelessness. Sara integrated hope into her helping approach; in her words, "If we help people find meaning in what they are doing and also help them set goals and have dreams and something to work towards, it helps them have hope for what they're doing."

Part of bringing hope out of hiding entails first trusting in hope. The concept of trust brings us back to Erickson's (1982) first developmental stage, where an infant first learns to trust other people; then they learn to hope. As Wendy indicated to the participants, she had learned an important lesson about hope while in her own hope-focussed learning process. She learned that it takes time and effort to develop a trust in hope—that a hope focus helps others. In fact, Wendy indicated that she has now reached the point that, when she cannot think of where else to go in a counselling session, she trusts hope to help, so she asks hope-focussed questions. Heagle (1975) confirmed this interconnection between trust and hope: When hope is transformed into a personal bond, it becomes trust; in other words, trust is hope in a relationship.

A few participants developed enough trust and confidence in using a hope focus that they took the "big leap" and worked with friends or clients who were in a state of hopelessness. Working with hopelessness is difficult, and most participants did not work with people who lacked hope. Several participants just wanted to learn about hope for themselves, having no need at the time to intentionally use hope with others. They remained satisfied in personally using hope-related concepts and techniques and in not using hope professionally.

Developing a Personal Understanding of Hope

Two recursive subthemes emerged from this main theme. The subthemes are developing a personal understanding of hope and making personal meaning of hope (see Figure 11). The participants thought they understood hope-focussed concepts after leaving a monthly training session. Understanding comes from comprehending the significance of something expressed by another person (Soukhanov, 1994). Once the participants thought they understood a concept, then they began to make personal meaning of the concept. Meaning is something one wishes to convey to others (Soukhanov, 1994). The participants wanted to convey the meaning of hope to family, friends, and clients. A pattern emerged where they would talk about hope concepts during training sessions and develop an understanding, and then during the next month they would try to apply the theoretical knowledge and convey their newfound meanings to others about hope. For some, the hope light would go on when they discovered newfound meanings.

While talking with others about hope, the participants were initially surprised to discover that they were unsure how to explain hope concepts, even the basic ones. Faith, for example, during the first month was asked a seemingly innocuous question by her client, David: "What is a hope perspective?" She was so flustered that she wrote later in her critical reflection, "To be honest, I am not sure what I said." A few months later, Faith captured the reciprocity between understanding hope and making personal meaning of hope. Faith realized that hope is a "personal journey" requiring the hope helping professional to first understand and then to explain "what hope means to me," and then her clients feel "better able . . . to do my work."

A personal understanding of hope developed gradually. Initially, the participants had to understand different aspects of hope. Identifying personal definitions and descriptions of hope, metaphors and symbols, and hope collages were useful techniques to cause participants to think about their hope. An important technique was critical reflection, which was encouraged in this study through writing monthly critical incidents. Those who wrote the monthly critical reflections had a higher level of engagement with the hope concepts and a better understanding of hope, at the end of the six months, as evidenced by their critical incidents, participation in group training discussions, post essays, and post interviews.

Making Personal Meaning of Hope

A second feature that stands out in this study is that once the participants understood hope, then they tried to make personal meaning of the hope concepts in order to confidently talk with others about hope. Given homework to go out and talk to positive people about hope, most participants reported either that they could not do this or that it was difficult to do. This type of difficulty points to hope-focussed learning being a two-phase process: understanding and then making personal meaning of hope. This learning is unlike learning about other psychotherapies, such as eye movement desensitization reprocessing (EMDR). When first learning EMDR, one must follow a prescribed protocol (Shapiro, 2001).

Jevne's (personal communication, November 14, 2002) framework for hope interventions suggests three roles for hope. These roles provide a template for assessing the progress of participants' learning in this study; specifically, Level 1 is focusing on a hopeful outcome (hope for the situation); Level 2 is using hope as an internal framework for thinking; and Level 3 is doing hope-focussed interventions by openly engaging the client or people they are helping, in discussing hope.

Using Jevne's template, most of the participants were at Level 2, and a few had progressed to Level 3. The participants in this study fit on a continuum of these three levels of using hope. As new, intentional users of hope, Carmen and Josephine used hope as an outcome to help them in their personal situations. However, Josephine stated that she also occasionally used hope as a framework for thinking about her clients, suggesting that she was slightly further along the continuum. Most of the other 12 participants were in the middle of the continuum, using hope as a framework for thinking. Four participants were further along the continuum, becoming confident in risking hope-focussed interventions with family, friends, and clients. This confidence developed after they understood the hope constructs and after they made personal meaning of the hope constructs. With newfound personal meaning about hope-focussed concepts, they were able to convey their ideas about hope to others.

Personalizing hope first is consistent with Nekolaichuk's (1995) findings that hope tends to be initially experienced on a personal level (intrapersonally); next, hope is experienced as a stabilizing force in the face of uncertainty (environmentally); and last, hope is a means to reach out to others for comfort (interpersonally). People first make meaning of hope for themselves; then they are prepared to use hope interpersonally. Nekolaichuk's findings are consistent with those of others that hope can be learned (Erikson, 1982; Farran et al., 1995), and this study indicates that hope can be taught.

Sixth Theme: Integrating a Hope Focus into Helping Professions

In this study a variety of helping professions were represented. Being able to use a hope focus in a variety of professions suggests that a hope-focussed approach is helpful across a range of helping professions as well as for self-help.

More specifically in the helping profession of counselling, the counsellors in this study were already using a variety of therapeutic approaches: existential, narrative, cognitive behavioural, Rogerian, rational emotive, Gestalt, reality, Jungian, object relations, self-psychology, systems theory, and structural. The way that hope happened during counselling was that the counsellors were initially trained in hope-focused counselling. The counsellors then integrated a hope focus with psychotherapeutic approaches that they had already been trained to use. Integrating a hope focus into their personal counselling approach enabled them to use hope whenever they intuitively felt that it was the best approach for the circumstances. Integrating hope with a range of other psychotherapies supports the growing body of evidence that hope is a common factor across all psychotherapies (Lambert, 1986; Miller et al., 1997; Rosenzweig, 1936; Snyder et al., 1999). It is also consistent with Edey and Jevne's (2003) view that, during counselling, hope "runs in the background" (p. 50) and is used periodically by the counsellor to add "direction and power" (p. 50) to the counsellor's existing knowledge and skills.

Some of the helping professionals stated that they wanted advanced hope-focussed training to learn more about asking simple questions and using the language of hope, handling resistance to working with hope (Sandra, Joey); and becoming "really good at integrating hope into the different issues" (Sasha). Faith planned to learn more about narrative therapy and integrate it with the hope focus. Although there was no training provided about related therapies, other than briefly about narrative therapy in the first group, this background information may assist helping professionals understand the theoretical underpinnings of using a hope-focussed approach. It may also lead to intentionally further integrating a hope focus when using other therapeutic approaches in psychotherapy as well as in other helping professions. In the training sessions both groups were taught the cognitive techniques of collaboration, brainstorming, Socratic dialogue (although this label was not used), and guided discovery. Additional techniques and topics could be taught in an advanced course to capture more of the complex aspects of hope, such as creating space for hope and time jumping in the past, present, and future.

Seventh Theme: Complexity of Hope

The participants constantly struggled with understanding the complexities of hope. Some of the aspects of hope emerged spontaneously during the training sessions. Other aspects were intentionally taught by the leader. The complexities became obvious through the participants' struggles and frustrations.

One of the main features of hope that the participants learned was about "the uniqueness of hope" (Faith) for each person. This realization occurred through hearing stories about the uniqueness of hope from other group members, from Wendy, from working with people between sessions, but mainly from engaging in discussions about hope and making meaning of hope for themselves. This uniqueness of hope spilled over into other components of hope, such as their hope-focussed self-care ideas and their metaphors and symbols of hope.

Because hope is uniquely personal, it is as complex and changeable as a human personality. It has the complex components of unique personal sources, unique definitions. Many participants did not define hope, preferring instead to describe hope, unique metaphorical language, unique possibilities thinking, unique relationship to time, meanings that overlap and get confused with similar words such as *optimism*, and dichotomies with hopelessness and despair that need to be honoured and not rushed. At the beginning of the hope-focussed training, Sara was prepared for difficulties in learning to use hope because she knew that "you have to struggle with it [hope]." Other participants were optimistic that the learning would be easier, more like a technique.

Given the complexities in the construct of hope, it is not surprising that the participants struggled to use hope, became overwhelmed, and then became less hopeful at times. Therefore, it was important to have the learning leader as a scaffold. Through supportive teaching, participants such as Faith developed a heightened understanding about hope constructs, and she developed the ability to make meaning of hope with people such as her client, David. Because of the learning spiralling down as well as up, it was important for the learning leader to check with the group members about how they were doing in applying their hope knowledge and to ask them to bring cases to the group sessions whenever they needed help. This supportive follow-up helped "unstick" the participants during the learning process. From an entirely different perspective, hope-focussed learning can be viewed from the new field of the science of complexity.

The science of complexity emerged over the past decade (Casti, 2002). Edmonds (1999) identified complexity in terms of the analytical difficulty attached to part-whole behaviour. Having distinct parts and connectivity are the core of a complex system. Simple is something in the beginning; complexity is everything else (Edmonds, 1999). Stein (1989) stated that complexity describes things that are very complicated and not well understood.

The hope construct can be further studied within the science of complexity because hope fits the criteria of complexity. The science of complexity criteria includes being complicated and not well understood, as well as having risk and predictability (Peters, 1999). Risk and predictability are also components of hope (Nekolaichuk, 1995). The trainer encouraged the participants to risk using a hope focus with others.

Hope has parts as well as a whole. Hope is often broken into components in order to understand it better, as was done in this study. Additionally, helping professionals see whole hope such as hopeful behaviour in clients. Hope and the science of complexity are both interdisciplinary. Hope has been studied by a variety of helping professions, including nursing, medicine, psychiatry, psychology, theology, and philosophy. The science of complexity incorporates work by physicists, mathematicians, organizational theorists, and psychologists. Psychologists have studied the complexity of the brain and the immune system.

As Rescher (1998), a philosopher, indicated, our imperfect knowledge is an impetus for putting forth our best efforts in understanding the complexities of our world. Complexities are problematic because they impede progress (Rescher, 1998); for example, some hope researchers have lamented that there is no consensual hope definition—hope is too complex. Rescher warned that the perfecting and completing of science is an impracticable idea. The same could be said of hope: It is too complex to be completely studied, and it would not work to reduce it to the sum of its ever-changing, unique parts. However, within the complexity of hope there may be predictability, such as at an individual level when one is creating possibilities and assessing risks and options. The science of complexity offers new perspectives for studying the complexities of hope.

CHAPTER 6

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

This case study sought to answer the questions "How do helping professionals in learning about hope in practice?" "What processes assist helping professionals learn about hope?" "Do helping professionals change as a result of being exposed to hope? If so, in what way do they change?" "Do helping professionals' levels of hope change during the training?" and How did helping professionals use hope before hope-focussed training, during the training, and what are their plans to use hope after completing the training?" To answer these questions, two groups of helping professionals were studied for six months each, with the first group meeting from January to June 2000 and the second group from November 2000 to May 2001. These two groups, totalling 14 participants and one trainer, comprised the collective case unit. In addition, three participants from these groups were selected as individual cases for more extensive analysis because they were 100% compliant with completing all data-collection requirements.

Answers to these questions are presented. This chapter also contains implications for counselling and recommendations for future research.

How Do Helping Professionals Learn About Hope in Practice?

Helping professionals learned about hope in practice several ways. They learned through being in relationship with the trainer, other participants, family, friends, and clients. They learned by first understanding what was taught and then making personal meaning of various hope constructs before they felt comfortable taking hope out of hiding and talking to others about hope. For the participants who were counsellors, they learned to integrate hope into their existing theory base so that their counselling approach became hope focused and complemented their other approaches, such as cognitive behavioural, existential, and narrative therapies. With experience and growing confidence in trusting that a hope focus works, some learned to use hope as a novel approach when nothing else was working in the helping relationship.

The participants' learning process occurred in stages, as outlined by Stoltenberg and Delworth (1987), beginning with a high degree of dependence on the trainer, moving into more autonomy, and then developing for some participants a peer-like relationship with the trainer. Their learning was accompanied by motivational fluctuations and dissonance.

Sawatzky et al.'s (1994) learning spiral represents the participants' learning through dissonance that occurred when they discovered that working with hope is not easy. The participants responded to the dissonance through asking for advice in the monthly training sessions, getting more practise in asking hope-focused questions, and gradually increasing their feelings of empowerment. Overall, most participants progressed from novice to advanced beginner to having a sense of competency, with a few continuing to use hope personally and professionally and developing a level of proficiency (Benner, 1984).

What Processes Assist Helping Professionals Learn About Hope?

There were formal processes designed into the curriculum and informal processes spontaneously occurring that assisted the participants in learning about hope. They learned by participating in the group training sessions; doing the assigned homework; individually practicing using a hope focus with family, friends, and clients between the monthly training sessions; and then bringing back to the training sessions any questions arising from practising.

Certain techniques aided the learning process. *Critically reflecting* during the training and between sessions was a key element in the learning progress. The participants reflected critically when they wrote monthly critical incident reports and during the training sessions' group discussions. Another key technique in learning was the monthly group practice sessions of *asking hope-focussed questions* and doing the homework assignments of asking hope-focussed questions. *Brainstorming*, which occurred during most sessions, was another key technique, especially for identifying numerous possibilities. Other training process techniques included the use of dyads, large-group discussions, role playing, and one group exercise in which the participants moved around the room.

Do Helping Professionals Change as a Result of Being Exposed to Hope? If So, In What Way Do They Change?

Answers to the question of whether helping professionals change as a result of being exposed to hope were gleaned by the post interview results, evaluative feedback at the end of both group training sessions, and a two-year follow-up interview. In both groups the participants unanimously indicated that they changed to include some aspects of hope in their personal life, and some included hope in their professional practice. These changes of integrating hope into their personal lives, and some into their professional work, continued according to a two-year follow-up with most of the participants, with the most significant changes being at the personal level.

Most participants were not initially aware of unique hope-focussed concepts such as the language of hope, possibilities and options, state and trait hope, hope symbols and metaphors, and the relationship of hope to time. A few participants were knowledgeable about some hope synonyms, but they were unable to intentionally compare and contrast these similar concepts, particularly with hope and optimism. After the training their knowledge and skill level in using a hope focus increased. Particularly helpful at a personal level in both groups was brainstorming lists for hope sources/resources and hope-focussed self-care. Particularly helpful at a professional level was learning the various constructs of hope and then selecting and applying those that were most meaningful, with the most meaningful construct being developing possibilities and options to help clients.

Do Helping Professionals' Levels of Hope Change During the Training?

Three sources of data were used to investigate whether there were changes in the participants' levels of hope over time. The visual analogue scale results on the pre and post interviews indicates that all 14 participants and the trainer had a high level of pre and post hope, suggesting that they were a hopeful group to begin with and that after the training they were also hopeful, with a slight overall increase in their level of hope.

The results of the six pre and post essays indicated that six participants' levels of hope were higher post training. The results of the critical incident analysis for eight participants indicated that their hope began at a lower level, their level of hope fluctuated over time, and they concluded with a higher level of hope. During this time their level of hope was usually higher than their level of hopelessness. One participant in each group had a lower level of hope than of hopelessness, but only for a short time of one month. Overall, the results indicate that the levels of participants' hope increased over time, suggesting that intentionally working with hope over time helps to personally increase hope levels.

How Did Helping Professionals Use Hope Before Hope-focussed Training, During The Training, And What Are Their Plans To Use Hope After Completing The Training?

Almost half of the fourteen helping professionals who took the hope-focussed training had recently attended the summer session course "Hope and the Helping Professional" at the University of Alberta and wanted to continue to learn more about this new approach. The other half of the helping professionals were not intentionally using hope. Some of those who had been using a hope-focus for four months prior to the training were finding that it was not easy to work with the hope construct and to integrate a hope-focus into their professional practise. They were asking some basic hope-focussed questions to clients or friends then they did not know what questions to ask next. There was no flow to their line of questioning.

During the training, especially in the first few months, all participants intentionally used a hope-focus with varying degrees of success. As shown by the learning lines for Faith, Ann and Ruth, there was an initial increase in their level of hope, then there was a drop in the level as they encountered unexpected difficulties in applying the concepts. Everyone persevered in learning and using the hope-focussed concepts.

All participants indicated that they planned to continue to use the hope-focussed knowledge and skills, either personally, or personally and professionally. They realized the importance of the learning process to make personal meaning of hope first, and now some were planning to continue using a hope-focus with others. When using hope with themselves and others there was a consensus about the importance of creating possibilities or options so that there were more choices available. Hopefully they will also use the hope-focussed self-care ideas that were generated.

Implications for Counselling and Contributions to Understanding Hope

This study presents training process and content ideas about intentionally learning about using hope. These training techniques and hope construct ideas serve as a reference point for helping professionals interested in learning about hope. Having a heterogeneous group of learners with a variety of educational background and abilities was advantageous by providing diverse viewpoints and experiences that enriched the learning of others. In learning to use hope there are commonsense and practical applications, which is the strength of hope's commonplace foundation. As shown in this study, there are unique aspects of hope that take time to be learned and to be integrated personally and professionally.

The major advantage of using a hope focus in this study is that family, friends, and clients readily understood and could talk about their hope. The helping professional and the client immediately spoke a common language of hope—whether it be in words, symbols, or metaphors.

This study contributes an assessment of what has been developed, what has worked, where improvements can be made, and the work yet to be done in developing a hope-focussed counselling approach and in teaching helping professionals about this new approach that is intended to complement other helping approaches.

In summary, the participants found that it was important to have intention and attention when learning to use hope. The next learning step was developing hope-related beliefs and expectations. Then each helping professional, after group discussions, homework, critical reflection, and talking to others about hope, created her personalized understanding of hope and began to intentionally work with others using hope. The participants continued to use hope personally to maintain their hope-focused knowledge and skills, which could be used with others at times when they did not know what else to use.

Recommendations for Further Research

Some aspects of hope need further investigation to continue enhancing teaching a hope focus to helping professionals. One avenue to pursue is clarifying the similarities and differences between hope and related concepts. Concepts of optimism and hope need clarifying. Optimism researchers such as Seligman (2001) and Peterson (1991; 2000) use the terms *hope* and *optimism* interchangeably, but from a hope perspective they are not totally interchangeable. Expectancy and hope need clarifying. Weinberger and Eig (1999) referred to *expectancy* and *hope* interchangeably, but they are not totally interchangeable. *Wisdom* is also an ancient concept (Hanna, Bemak, & Chi-Ying Chung, 1999) and, like hope, has become the subject of studies in the Western world over the past 20 years. No studies were found clarifying the relationship between these two important concepts for helping professionals. By clarifying hope, optimism, expectancies, and wisdom, including the relationships of these concepts to each other, it will be easier to teach these concepts to helping professionals.

In addition to hope, happiness is a positive emotion. No studies were found that linked and clarified these two important emotions. Veenhoven (1993) has posted a "World Database of Happiness" on the Internet with a multitude of references such as 705 international scientific papers from 140 nations. The website's purpose is "an ongoing register of scientific research on the subjective appreciation of life. It . . . provides a basis for meta-analytical studies." Hope-focussed helping professionals could benefit from a similar hope Internet site.

More studies are needed to further the understanding about the hope-hopelessness duality in working with people who are in a state of hopelessness; for example, timing is critical in beginning to instil hope so that hope can emerge from hopelessness. Instilling hope is a key role of helping professionals (Frank, 1973), along with inspiring hope (Miller, 1991, 2000). Understanding the duality of hope-hopelessness is important because, as Yapko (1991) indicated, negative outcomes are associated with hopelessness. In contrast, hope is associated with positive outcomes (Snyder et al., 1991). Ethically, more studies are needed to guide helping professionals in differentiating between realistic and false hope and to prevent the possible negative outcome of hopelessness.

Another avenue to pursue is identifying competencies for a hope-focussed helping professional and a hope-focussed trainer. What professional competencies demonstrate that a helping professional has attained mastery in using the hope-focussed approach?

More investigation is needed on how to improve the retention of hope-focussed learning. One aspect is determining whether the transfer of training improves by involving employers of the learners. Several participants in this study observed that no one at their worksites had hope-focussed training; therefore no one was available at the worksite for support following the training.

Last, investigating the new field of the science of complexity may offer insight into risk, predictability, and uncertainty that are key components of the future-oriented hope construct. Such investigations may also further the understanding of the connection between hope and butterflies, because butterflies are a hope symbol and are included in metaphoric stories such as that of Pandora (McCaughrean, 1993). The caterpillar and the butterfly are two different but connected through time, temporary but stable complex structures (Merry, 1995).

This exploratory study captured the early developmental aspects of the hope-focussed approach. It presented how this new approach was effectively taught for the first two courses adding a dimension of complexity arising from researching a theory base and a training program that were both in the process of being developed.

Epilogue

Having spent three fascinating years in creating this document, I am hopeful that it will be used in future hope studies as a reference point that captures the birth of the hope-focussed counselling training process and continued development of hope-focussed concepts at the beginning of the 21st century.

During the analysis and writing process for this study my hope became clarified and strengthened. For example, I am now a firmer believer in the importance of hope symbols and metaphors. I wear my turtle earrings proudly, along with my T-shirt emblazoned with horses, and listen to hopeful music such as Lee Ann Womack's "I Hope You Dance."

I have used the 14 hope concepts taught in this study with success. I particularly recall a poignant moment with a client who suddenly was notified that he was scheduled for a serious back operation the next day. He came into our counselling session filled with hopelessness. Hopelessness hung like a heavy cloud over most of the session. As we were finishing the session I noticed him touching his stomach and asked what was there. He replied that it was a tattoo of an eagle, and went on to describe the smaller eagles elsewhere on his body. So I asked if a symbol of his hope was perhaps an eagle. Having established his hope as an eagle symbol, I asked if he could possibly touch his strongest eagle, the one on his stomach, while going into the operating room. A small sparkle returned to his eyes as he smiled, touched his stomach, and said "Yes."

There have been many hope-filled moments during the writing of this document and even a few hope-sucking ones. I am aware of the need to monitor my level of hope during the day and replenish hope with hope-focussed self-care activities. Like Wendy Edey, I trust in hope when I do not know what else to do. It works!

REFERENCES

Adams-Westcott, J., Dafforn, T. A., & Sterne, P. (1993). Escaping victim life Stories & co-constructing personal agency. In S. G. G. R. Price (Ed.), *Therapeutic Conversations* (Pp. 258-276). New York: Norton & Co.

Adler, A. (1927). *The theory and practice of individual psychology.* New York: Harcourt, Brace & World.

Ahn, H., & Wampold, B. E. (2001). Where oh where are the specific ingredients? A Meta-Analysis Of Component Studies In Counseling And Psychotherapy. *Journal Of Counseling Psychology, 48*(3), 251-257.

Aikman, D. (1995). *Hope: The heart's great quest.* Ann Arbor, Mi: Servant Publications.

Alfonso, V. (1997). *Overcoming depressed moods after an HIV+ diagnosis: A critical incident analysis.* Unpublished Dissertation, University Of British Colombia, Vancouver, B.C.

Anderson, H., Goolishian, H. A., & Winderman, L. (1986). Problem determined systems: Towards transformation in family therapy. *Journal Of Systemic And Strategic Therapies, 5*(4), 1-13.

Argyris, C., & Schon, D. (1974). *Theory in practice: Increasing professional effectiveness.* San Francisco: Jossey-Bass.

Argyris, C., & Schon, D. (1978). *Organizational learning: A theory of action perspective.* Reading, Ma: Addison-Wesley.

Ashmore, M. (1989). *The reflexive thesis.* Chicago: The University Of Chicago Press.

Ashworth, P. D. (1995). The meaning of "participation" in participant observation. *Qualitative Health Research, 5*(3), 366-387.

Averill, J. R., Catlin, G., & Chon, K. K. (1990). *Rules of hope.* New York: Springer-Verlag.

Baldwin, T., & Ford, K. (1988). Transfer of training: A review and directions for future research. *Personal Psychology, 41*, 63-105.

Ballard, A., Green, T., McCaa, A., & Logsdon, M. C. (1997). A comparison of the level of hope In Patients With Newly Diagnosed And Recurrent Cancer. *Oncology Nursing Forum, 24*(5), 899-904.

Bandali, S. (2003). *Understanding birthing options from a feminist perspective: Identifying communication strategies for education.* Unpublished masters thesis. University of Alberta, Edmonton, Canada.

Bandura, A. (1977). *Social learning theory.* Morristown, NJ: General Learning.

Barnum, D. D., Snyder, C. R., Rapoff, M. A., Mani, M. M., & Thompson, R. (1998). Hope and social support In The Psychological Adjustment Of Children Who Have Survived Burn Injuries And Their Matched Controls. *Children's Health Care, 27*(1), 15-30.

Bassey, M. (1999). *Case study research In Educational Settings.* Buckingham, Philadelphia, Pa: Open University Press.

Beavers, W. R., & Kaslow, F. W. (1981). The anatomy of hope. *Journal Of Marital And Family Therapy,* 119-126.

Beck, A. T., Brown, G., Berchick, R. J., Stewart, B. L., & Steer, R. A. (1990). Relationships between hopelessness and ultimate suicide: A replication with psychiatric outpatients. *American Journal Of Psychiatry, 147*(2), 190-195.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression.* New York: Guilford Press.

Beck, A. T., & Weishaar, M. (1989). *Cognitive therapy.* New York: Plenum Press.

Beck, A. T., & Weishaar, M. E. (2000). *Cognitive therapy* (6th Ed.). Itasca, Ill: E. E. Peacock.

Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal Of Training And Clinical Psychology, 42*(6), 861-865.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practise.* Menlo Park, Ca: Addison-Wesley.

Benzein, E., & Saveman, B. I. (1998). One step towards the understanding of hope: A concept analysis. *International Journal Of Nursing Studies, 35,* 322-329.

Bernard, S. (2000). *Experiences of hope.* Unpublished Masters, University Of Alberta, Edmonton.

Beutler, L. E., Machado, P. P. M., & Alstetter Neufeldt, S. A. (1994). *Therapist variables.* New York: Wiley.

Blakeslee, S. (1998). *Placebos prove so powerful even experts are surprised.*

Bloch, E. (1959/1986). *The principle of hope* (Neville Plaice, Stephen Plaice, And Paull Knight, Trans.). Cambridge, Ma: The MIT Press.

Bloom, B. S., Hastings, J. T., & Madaus, G. F. (1971). *Handbook on formative and summative evaluation of student learning.* New York: McGraw-Hill.

Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work.* Washington, D.C.: American Psychological Association.

Borkovec, T. D. (1985). *Placebo: Defining the unknown.* New York: The Guilford Press.

Broad, M. L., & Newstrom, J. (1992). *Transfer of training: Action packed strategies to ensure high pay-off from training investments.* Reading, Mass.: Addison-Wesley.

Brockbank, A., & McGill, I. (1998). *On becoming an innovative university teacher.* SRHE.

Bromley, D. B. (1986). *The case study method in psychology and related disciplines.* Chichester: Wiley.

Brookfield, S., & Preskill, S. (1999). *Discussion as a way of teaching: Tools and techniques for democratic classrooms.* San Francisco: Jossey-Bass.

Brookfield, S. D. (1986). *Understanding and facilitating adult learning.* San Francisco: Jossey-Bass.

Brookfield, S. D. (1990). *The skillful teacher.* San Francisco: Jossey-Bass.

Calabrese, R. L. (2002). *The leadership assignment: Creating Change.* Boston: Allyn And Bacon.

Cantanzaro, S. J., & Harger, J. (1993, June). *Mood regulation expectancies and anxiety sensitivity independently affect expected emotions under stress.* Paper Presented At The Annual Meeting Of The American Psychological Society.

Casti, J. (2002). Risk, natural disasters, and complex system theory. *Complexity, 7*(2), 11-13.

Caudron, S. (1999). Free agent learner. *Training & Development*(August), 26-30.

Cole, M., John-Steiner, Scribner, S. & Souberman, E. (Eds.). (1978). *Mind in society: The development of higher psychological processes, L. S. Vygotsky.*

Cormier, L. S. (1988). Critical incidents in counselor development: Themes and patterns. *Journal Of Counseling And Development, 67*, 131-133.

Costa, P. T., & McCrae, R. R. (1994). *Set like plaster? Evidence for the stability of adult personality*. Washington, D.C.: American Psychological Assoc.

Curwin, R. (1992). *Rediscovering hope: Our greatest teaching strategy.* Bloomington, In: National Education Service.

Cutcliffe, J. R. (1996). How do nurses inspire and instil hope in terminally ill HIV patients? *Journal Of Advanced Nursing, 22*(5), 888-895.

Danielson, S. M. (1995). *Exploring hope with children living with cancer.* Unpublished Doctoral Dissertation, University Of Alberta, Edmonton, Alta.

Daniluk, J. C. (1989). The process of counselling: A spiral model. *Canadian Journal Of Counselling, 23*(4), 329-339.

Daw, J. (2002). Get the massage! *Monitor On Psychology, 33*(7), 55.

Deangelis, T. (2002a). If you do just one thing, make it exercise. *Monitor On Psychology, 33*(7), 49-51.

Deangelis, T. (2002b). Normalizing practitioners' stress. *Monitor On Psychology, 33*(7), 62-64.

Dennett, D. C. (1991). *Consciousness explained.* Boston: Little, Brown.

Dewey, J. (1933). *How we think: A restatement of the relation of reflective thinking to the educative process.* Boston: Heath.

Dilts, R., Hallbom, T., & Smith, S. (1990). *Beliefs: Pathways to health & well-being.* Portland, Or: Metamorphous Press.

Donmoyer, R. (1990). *Generalizability and the single-case study.* New York: Teachers College Press.

Donoghue, P. J., & Siegel, J. E. (1992). *Sick and tired of feeling sick and tired: Living with invisible chronic illness.* New York: Norton.

Dufault, K. (1984). *Maximizing hope.* Paper Presented At The Proceedings Of The Fourth National Conference On Cancer Nursing, New York.

Dufault, K., & Martocchio, B. C. (1985). Hope: It's spheres and dimensions. *Nursing Clinics Of North America, 21*(2), 379-391.

Dufrane, K., & Leclair, S. W. (1984). Using hope in the counseling process. *Counseling And Values, 29*(1), 32-41.

Edey, W. (2000). The language of hope In Counselling . Unpublished article.

Edey, W., & Jevne, R. F. (2003). Hope, illness, and counselling practice: Making hope visible. *Canadian Journal Of Counselling, 31*, 44-51.

Edey, W., Jevne, R. F., & Westra, K. (1998). *Key elements of hope-focused counselling: The Art Of Making Hope Visible*. Edmonton, Canada: The Hope Foundation Of Alberta.

Edmonds, B. (1999). *The conceptual bias of the evolution of complexity.* Brussels, Germany: Kluwer Academic Publishers And VUB University Press.

Eisenhardt, K. (1989). Building theories from case study research. *Academy Of Management Review, 14*(4), 532-550.

Eliott, J., & Olver, I. (2000). *The discursive properties of 'hope': A qualitative analysis of cancer patients' speech.* Paper Presented At The Fifth World Congress Of Psycho-Oncology, Melbourne, Australia.

Elkin, I., Shea, M. T., Watkings, J. T., Imber, S. D., Stotsky, S. M., Collins, J. F., Glass, D. R., Pilkonis, P. A., Leber, W. R., Doherty, J. P., Fiester, S. J., & Parloff, M. B. (1989). NIMH Treatment of depression collaborative research program: General effectiveness of treatments. *Archives Of General Psychiatry, 46*, 971-983.

Elliott, T. R., Witty, T. E., Herrick, S., & Hoffman, J. T. (1991). Negotiating reality after physical loss: Hope, depression, and disability. *Journal Of Personality And Social Psychology, 61*(4), 608-613.

Ellis, M. V. (1991). Critical incidents in clinical supervision and in supervision: Assessing supervisory issues. *Journal Of Counseling Psychology, 38*, 342-349.

Erdem, T. (2000). *Exploring hope with children who have been sexually abused and participating in therapy.* , University Of Alberta, Edmonton, Alberta.

Erickson, E., Post, R., & Paige, A. (1975). Hope as a psychiatric variable. *Journal Of Clinical Psychology, 31*, 324-330.

Erikson, E. H. (1982). *The life cycle completed: A review.* New York: Norton.

Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry: A guide to methods.* Newbury Park, Ca: Sage.

Ersek, M. (1992). The process of maintaining hope in adults undergoing bone marrow transplantation for leukemia. *Oncology Nursing Forum, 19*(6), 883-889.

Ertmer, P. A., & Newby, T. J. (1996). The expert learner: Strategic, self-regulated, and reflective. *Instructional Science, 24*, 1-24.

Evans, R. B. (1999). So, what will the next century bring? *Monitor, 30*(11), 29.

Farran, C. J. (1985). *A survey of community-based older adults: Stressful life events, Mediating Variables, Hope And Health.* Unpublished Dissertation, Rush, Chicago.

Farran, C. J., Herth, K. A., & Popovich, J. M. (1995). *Hope and hopelessness: critical clinical constructs.* Thousand Oaks, Ca: Sage.

Farran, C. J., Wilken, C., & Popovich, J. M. (1990). Clinical assessment of hope. *Issues in Mental Health Nursing, 13*, 129-138.

Fischer, K. (1988). Hope never ends: God's promise to the elderly. *Journal Of Christian Nursing*, 32-35.

Flanagan, J. C. (1953). *The critical incident technique.* Pittsburgh, Pa: American Institute For Research And University Of Pittsburgh.

Flessati, S. L. (1997). *Counsellor development: A qualitative study of critical incidents.* Unpublished Dissertation, University Of Alberta, Edmonton.

Frank, J. D. (1961). *Persuasion and healing: A comparative study of psychotherapy.* Baltimore: John Hopkins University Press.

Frank, J. D. (1968). The role of hope in psychotherapy. *International Journal Of Psychiatry, 5*, 383-395.

Frank, J. D. (1973). *Persuasion and healing.* Baltimore: John Hopkins University Press.

Frank, J. D. (1982). *Therapeutic components shared by all psychotherapy* (Vol. 1). Washington, Dc: American Psychological Association.

Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing.* Baltimore: John Hopkins University Press.

Frankl, V. E. (1959). *Man's search for meaning*. New York: Washington Square, Simon & Schuster.

Freeman, S. C. (1993). Structure in counseling supervision. *Clinical Supervisor, 11*, 245-252.

Friedlander, M. L., Keller, K. E., Peca-Baker, T. A., & Olk, M. E. (1986). Effects of role conflict on counselor trainees, self-statements, anxiety level, and performance. *Journal Of Counseling Psychology, 33*, 73-77.

Gagne, R. M. (1984a). *The conditions of learning and theory of instruction*. New York: Holt, Rinehart, And Winston.

Gagne, R. M. (1984b). Learning outcomes and their effects. *American Psychologist, 39*(4), 377-385.

Gall, M. D., Borg, W. R., & Gall, J. P. (1996). *Educational research: An Introduction* (6th Ed.). White Plains, NY: Longman.

Garavaglia, P. L. (1993). How to ensure transfer of training. *Training & Development*(Oct.), 63-68.

Gladding, S. T. (1996). *Counseling: A comprehensive profession* (3rd Ed.). Englewood Cliffs, NJ: Prentice Hall.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.

Godfrey, J. J. (1987). *A philosophy of human hope*. Boston: Martinus Nijhoff.

Gold, R. L. (1958). Roles in sociological field observations. *Social Forces, 36*, 217-223.

Goldman, M. S. (1999). *Expectancy operation: Cognitive-neural models and architectures*. Washington, Dc: American Psychological Association.

Gottschalk, L. (1974). A hope scale applicable to verbal samples. *Archives Of General Psychiatry, 30*, 779-785.

Gottschalk, L. A. (1994). The development, validation and applications of a computerized measurement of cognitive impairment from the content analysis of verbal behavior. *Journal Of Clinical Psychology, 50*(3), 349-361.

Gottschalk, L. A. (1995). *Content analysis of verbal behavior: New findings and clinical applications*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Gottschalk, L. A. (1999). The application of a computerized measurement of the content analysis of natural language to the assessment of the effects of psychoactive drugs. *Methods Find Experience Clinical Pharmacology, 21*(2), 133-138.

Gottschalk, L. A., & Bechtel, R. (1995a). Computerized measurement of the content analysis of natural language for use in biomedical and neuropsychiatric research. *Computer Methods And Programs In Biomedicine, 47*(1995), 123-130.

Gottschalk, L. A., & Bechtel, R. (1995b). PCAD 2000: Psychiatric Content Analysis and Diagnosis. Corona Del Mar, Ca: GB Software.

Gottschalk, L. A., & Fronczek, J. (1993). *Defense mechanisms and hope s protective factors in physical and mental disorders*. Heidelberg: Springer-Verlag.

Gottschalk, L. A., & Gleser, G. C. (1969). *The measurement of psychological states through the content analysis of verbal behavior*. Berkeley And Los Angeles, Ca: University Of California Press.

Gottschalk, L. A., & Hoigaard-Martin, J. (1986). A depression scale applicable to verbal samples. *Psychiatry Research, 17*, 213-227.

Gottschalk, L. A., & Keating, C. (1993). Influence of patient caregivers on course of patient illness: "Expressed emotion" and alternative measures. *Journal Of Clinical Psychology, 49*(6), 898-912.

Gottschalk, L. A., Stein, M. K., & Shapiro, D. H. (1997). The application of computerized content analysis of speech to the diagnostic process in a psychiatric outpatient clinic. *Journal Of Clinical Psychology, 53*(5), 427-441.

Gottschalk, L. A., Winget, C. N., & Gleser, G. C. (1969). *Manual of instructions for using the Gottschalk-Gleser Content Analysis Of Scales: Anxiety, hostility, and social alienation-personal disorganization*. Berkeley, Los Angeles: University Of California Press.

Greenberg, L. S., & Pinsof, W. M. (1986). *The psychotherapeutic process: A research handbook*. New York: Guilford Press.

Gronn, P. (1986). *The psycho-social dynamics of leading and following*. Burwood, Australia: Deaking University Production.

Hammersley, M. (1990). *Reading ethnographic research: A critical guide*. London: Longmans.

Hammersley, M., & Gomm, R. (2000). *Introduction*. In R. Gomm & M. Hammersley (Ed.) *Case study method*. Thousand Oaks, CA: Sage.

Hanna, F. J. (2002). *Therapy with difficult clients: Using the precursors model to awaken change*. Washington D.C.: American Psychological Association.

Hanna, F. J., Bemak, F., & Chi-Ying Chung, R. (1999). Toward a new paradigm for multicultural counseling. *Journal Of Counseling & Development, 77*(Spring), 125-134.

Hanson, P. G. (1981). *Learning through groups: A trainer's basic guide*. San Diego, Ca: University Associates.

Hare, W. (1993). *What makes a good teacher: Reflections on some characteristics central to the education enterprise*. Ontario, Canada: The Althouse Press.

Hasse, J. E., Britt, T., Coward, D. D., Leidy, N. K., & Penn, P. E. (1992). Simultaneous analysis of spiritual perspective, hope, acceptance, and self-transcendence. Image: Journal Of Nursing Scholarship. *Journal Of Nursing Scholarship, 24*, 141-147.

Havens, G. R.(Ed.). (1968). Voltaire's *Candide* (Revised Ed.). New York: Holt, Rinehart And Winston.

Hayakawa, S. (Ed.). (1968). *Hope*. New York: Funk & Wagnalls.

Heagle, J. (1975). *Contemporary meditation on hope*. Chicago: Thomas More Press.

Heatherton, T. F., & Weinberger, J. L. (1994). *Can personality change?* Washington, D.C.: American Psychological Association.

Herth, K. (1988). Psychometric testing of the revised Herth Hope Scale with well adults . Unpublished Manuscript: University Of Oklahoma, Tulsa.

Herth, K. (1991). Development and refinement of an instrument to measure hope. *Scholarly Inquiry For Nursing Practice: An International Journal, 5*(1), 39-50.

Herth, K. (1992). Abbreviated instrument to measure hope: Development and psychometric evaluation. *Journal Of Advanced Nursing, 17*, 1251-1259.

Herth, K. A. (1989). The relationship between level of hope and level of coping response and other variables in patients with cancer. *Herth, 16*(1), 67-71.

Herth, K. A. (1990). Fostering hope in terminally-ill people. *Journal Of Advanced Nursing, 15*, 1250-1259.

Hertz, R. (1997). *Reflexivity & voice*. Thousand Oaks, Ca: Sage.

Hill, R. D. (1988). Hopelessness as a measure of suicidal intent in the depressed elderly. *Psychology And Aging, 3*(3), 230-232.

Hinds, P., & Gattuso, J. (1991). Measuring hopefulness in adolescents. *Journal Of Pediatric Oncology Nursing, 8*(2), 92-94.

Hinds, P., & Martin, J. (1988). Hopefulness and the self-sustaining process In Adolescents With Cancer. *Nursing Research, 37*(6), 336-339.

Hinds, P. S. (1984). Inducing a definition of hope through the use of grounded theory methodology. *Journal Of Advanced Nursing, 9*, 357-362.

Hochschild, A. (1979). Emotion work, feeling rules, and social structure. *American Journal Of Sociology, 85*, 551-575.

Hollingworth, W., Mackenzie, R., Todd, C. J., & Dixon, A. K. (1995). Measuring changes in quality of life following magnetic resonance imaging of the knee: SF-36, Euroqol Or Rosser Index? *Quality Of Life Research, 4*(4), 325-34.

Horvath, A. O. (1994). *Research on the alliance*. New York: Wiley.

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal Of Training And Clinical Psychology, 61*, 561-573.

Hubble, M. D., B. & Miller, S. (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.

Hurst, N. P., Kind, P., Ruta, D., Hunter, M., & Stubbings, A. (1997). Measuring health-related quality of life in rheumatoid arthritis: Validity, responsiveness and reliability of Euroqol (EQ-5D). *British Journal Of Rheumatology, 36*(5), 551-9.

Ilardi, S. S., & Craighead, W. E. (1994). The role of nonspecific factors in cognitive-behavioral therapy for depression. *Clinical Psychology: Science And Practice, 1*, 138-156.

Ingalsbe, N., & Spears, M. C. (1979). Development of an instrument to evaluate critical incident performance. *Journal Of The American Dietetic Association, 74*(2), 134-139.

Jennings, L., & Skovholt, T. M. (1999). The cognitive, emotional, and relational characteristics of Master Therapists. *Journal Of Counseling Psychology, 46*(1), 3-11.

Jensen, P. J., & Kolb, D. A. (2002). *Streams of meaning-making in conversation.* Westport, Ct.: Quorum Books.

Jevne, R., Nekolaichuk, C., & Boman, J. (1999). *Experiments in hope: Blending art & science with service.* Edmonton: Alta.: The Hope Foundation Of Alberta.

Jevne, R. F. (1990). It all begins with hope: Who said what about hope? *Alberta Psychology, 19*(3), 26-31.

Jevne, R. F. (1991). *It all begins with hope: Patients, caregivers and bereaved speak out.* San Diego, CA: Lura Media.

Jevne, R. F. (1993). Enhancing hope in the chronically ill. *Humane Medicine, 9*, 121-130.

Jevne, R. F. (1994). *The voice of hope: Heard across the heart of life.* San Diego, CA: Lura Media.

Jevne, R. F., Nekolaichuk, C. L., & Williamson, F. H. A. (1998). A model for counselling cancer patients. *Canadian Journal Of Counselling, 32*(3), 213-229.

Jevne, R. F. (1999). *My hope journal.* Edmonton, Alberta, Canada: The Hope Foundation Of Alberta.

Jevne, R. F., & Miller, J. E. (1999). *Finding hope: Ways to see life in a brighter light.* Fort Wayne, IN: Willowgreen.

Johnson, J. A., Coons, S. J., Ergo, A., & Szaza-Kovats, G. (1998). Valuation of Euroqol (EQ-5D) Health Sites In An Adult Us Sample. *Pharmacoeconomics, 13*(4), 421-433.

Junker, B. H. (1960). *Field work: An introduction to the social sciences.* Chicago: University Of Chicago Press.

Kagan, J. (1966). Reflection-impulsivity: The generality and dynamics of conceptual tempo. *Journal Of Abnormal Psychology, 71*, 17-24.

Kausar, S. (2000). *Exploring the meaning of hope in the experiences of Pakistani immigrants.* Unpublished Dissertation, University Of Alberta, Edmonton, Canada.

Kaye, D. (1993). *Laugh, I thought I'd die: My life with ALS.* Toronto, Canada: Penguin Books.

Keen, J. (2000). *Hope and change.* Unpublished Dissertation, University Of Alberta, Edmonton.

Keynes, J. M. (1936). *The general theory of employment, interest and money.* New York: Harcourt Brace.

Kimmel, A. J. (1988). *Ethics and values in applied social research.* Newbury Park, Ca: Sage.

Kingsolver, B. (1991). *Animal dreams.* New York: Harper Collins.

Kirsch, I. (1978). The placebo effect and the cognitive-behavioural revolution. *Cognitive Therapy And Research, 2,* 255-264.

Kirsch, I. (1999a). *How expectancies shape experience.* Washington, Dc: American Psychological Association.

Kirsch, I. (1999b). *Response expectancy: An introduction.* Washington, Dc: American Psychological Association.

Klein, J. H., Dittman, A. T., Parloff, M. R., & Gill, M. W. (1969). Behavior therapy: observations and reflections. *Journal Of Training Clinical Psychology, 33,* 115-132.

Klemm, D. E. (1983). *The hermeneutical theory of Paul Ricoeur: A constructive analysis.* Toronto, Ont.: Associated University Presses.

Klenow, D. J. (1991). Emotion and life threatening illness: A typology of hope sources. *Omega, 24*(1), 49-60.

Knowles, M. (1972). *The modern practice of adult education.* Chicago: Association Press.

Kolb, A. Y., Baker, A. C., Jensen, P. J., & Kayes, D. C. (2002). *The practice of conversational learning in higher education.* Westport, Con.: Quorum Books.

Kopp, R. R. (1995). *Metaphor therapy: Using client-generated metaphors in psychotherapy.* New York: Brunner/Mazel.

Korner, I. (1970). Hope as a method of coping. *Journal Of Training And Clinical Psychology, 34*(2), 134-139.

Kozak-Krueger, M. R. (1991). *Toward a better understanding of hope.* Unpublished Masters, University Of Alberta, Edmonton.

Krupnick, J., Stotsky, S., Simmens, S., & Moyer, J. (1992). *The role of therapeutic alliance in psychotherapy and pharmacotherapy outcomes: Findings in the NIMH treatment of depression collaborative research program.* Paper Presented At The Society For Psychotherapy Research, Berkeley, Ca.

Kubler-Ross, E. (1969). *On death and dying.* New York: Collier Books, Macmillan Publishing.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by.* Chicago: University Of Chicago Press.

Lambert, M. J. (Ed.). (1986). *Implications of psychotherapy outcome research For Eclectic Psychotherapy.* New York: McGraw-Hill.

Lambert, M. J. (1992). *Implications of outcome research for psychotherapy integration.* New York: Basic Books.

Lambert, M. J., & Bergin, A. E. (1994). *The effectiveness of psychotherapy* (4th Ed.). New York: Wiley.

Lefrancois, G. R. (1997). *Psychology for teaching* (9th Ed.). Belmont, Ca: Wadsworth.

Leonard, G. (1992). *Mastery: The keys to long term success and fulfillment.* New York: Dutton/Plume.

Lester, A. D. (1995). *Hope in pastoral care and counseling.* Louisville, KY: Westminster John Know Press.

Lewin, K. (1935). *A dynamic theory of personality: Selected Papers* (D. K. Adams & K. E. Zener, Trans.). New York: McGraw-Hill.

Lewin, K. (1938). The conceptual representation and measurement of psychological forces. *Contributions To Psychological Theory, 1,* 1-16.

Lewin, K. (1951). *Field theory in social science: Selected theoretical papers.* New York: Harper.

Lincoln, Y. S., & Guba, E. G. (1979). *Naturalistic inquiry.* Newbury Park: Ca: Sage.

Lorenz, E. (1993). The Essence Of Chaos. Seattle: University of Washington

Luborsky, L., Singer, B., & Luborsky, L. (1975). Comparative studies of psychotherapies: Is it true that "Everyone has won and all must have prizes?." *Archives Of General Psychiatry, 32*, 995-1008.

Lynch, W. F. (1974). *Images of hope: Imagination as healer of the hopeless.* Notre Dame: University Of Notre Dame Press.

Manrique, J. F. D. (1984). Hope as a means of therapy in the work of Karen Horney. *The American Journal Of Psychoanalysis, 44*(3), 301-310.

Marcel, G. (Ed.). (1962). *Homo Viator: Introduction to a metaphysic of hope.* New York: Harper & Row, Harper Torch Books (Original Work Published 1951).

Martin, K. (1998). *When a baby dies of SIDS: The parents' grief and search for reason.* Edmonton, Canada: Qualitative Institute Press, University Of Alberta.

Martin, S. (2002). Don't think thin, think realistic. *Monitor On Psychology, 33*(7), 52-53.

Massey, K. K. (1998). *Clients' hope in counselling.* Edmonton: Unpublished Masters Project, University Of Alberta.

Matlin, M., & Stang, D. (1978). *The Pollyanna principle.* Cambridge, Ma: Schenkman.

May, R. (1953). *Man's search for himself.* New York: Norton.

May, R. (1961). *Existential psychology.* New York: Random House.

McCaughrean, G. (1993). *Greek myths.* Toronto: Maxwell Macmillan Canada.

McGee, J. S. (1984). Hope: A factor influencing crises resolution. *The American Journal Of Psychiatry, 116*, 481-491.

Menninger, K. (1959). The academic lecture: Hope. *The American Journal Of Psychiatry, 116*, 481-491.

Menninger, K., Mayman, M., & Pruyser, P. (1963). *The vital balance: The life process In Mental Health And Illness.* New York: Penguin Books.

Mercier, M., Fawcett, J., & Clark, D. (1984). Hopefulness: A preliminary examination . Rush-Presbyterian-St. Luke's Medical Center, Chicago: Unpublished Manuscript.

Merry, U. (1995). *Coping with uncertainty: Insight from the new sciences of chaos, Self-Organization, And Complexity.* Westport, Con.: Praeger.

Miller, J., & Glassner. (1997). *The "inside" and the "outside": Finding realities in interviews.* London: Sage.

Miller, J. F. (1983). *Coping with chronic illness: Overcoming powerlessness.* Philadelphia: F. A. Davis.

Miller, J. F. (1986). *Development of an instrument to measure hope.* Unpublished Dissertation, University Of Illinois, Chicago, Ill.

Miller, J. F. (1989). Hope-inspiring strategies of the critically ill. *Applied Nursing Research, 2,* 23-29.

Miller, J. F. (1991). Developing and maintaining hope in families of the critically ill. *AACN Clinical Issues, 2*(2), 307-315.

Miller, J. F. (2000). *Coping with chronic illness: Overcoming powerlessness* (3rd Ed.). Philadelphia: F. A. Davis Co.

Miller, J. F., & Powers, M. J. (1988). Development of an instrument to measure hope. *Nursing Research, 37*(1), 6-10.

Miller, S. D., Duncan, B. L., & Hubble, M. A. (1997). *Escape from Babel: Toward a unifying language for psychotherapy practice.* New York: Norton And Co.

Miller, W. L., & Crabtree, B. T. (1999). *Clinical research: A multimethod typology and qualitative roadmap* (2nd. Ed.). Thousand Oaks, Ca: Sage.

Morse, J. M., & Doberneck, B. (1995). Delineating The concept of hope. *Image: Journal Of Nursing Scholarship, 27*(4), 277-285.

Murray, B. (2002). Finding the peace within us. *Monitor On Psychology, 33*(7), 56-57.

Naidu, S., & Oliver, M. (1999). Critical incident-based computer supported collaborative learning. *Instructional Science, 27,* 329-354.

Nekolaichuk, C. L., & Bruera, E. (1998). On the nature of hope in palliative care. *Journal Of Palliative Care, 14*(1), 36-42.

Nekolaichuk, C. L., Jevne, R. F., & Maguire, T. O. (1999). Structuring the meaning of hope in health and illness. *Social Science & Medicine, 48,* 591-605.

Nekolaichuk, C. L. J. (1995). *An exploration of the meaning of hope in health and illness.* Unpublished Doctoral Dissertation, University Of Alberta, Edmonton, Canada.

Nowlen, P. M. (1988). *A new approach to continuing education for business and the professionals: The Performance Model.* New York: Macmillan.

Nowotny, M. (1989). Assessment of hope in patients with cancer: Development of an instrument. *Oncology Nursing Forum, 16*(1), 75-79.

Nowotny, M. L. (1991). Every tomorrow a vision o hope. *Journal Of Psychosocial Oncology, 9*(3), 117-127.

Obayuwana, A. O., & Carter, A. L. (1982). Original communications: The anatomy of hope. *Journal Of The National Medical Association, 74*(3), 229-234.

Office Of Science And Technology (1967). *Privacy and behavioral research.* Washington, Dc: U.S. Government Printing Office.

Orlinsky, D. E., Grawe, K., & Parks, B. K. (1994). *Process and outcome in psychotherapy—Noch Einmal* (4th Ed.). New York: Wiley.

Osgood, C. R., & Suci, J. (1955). Factor analysis of meaning. *Journal Of Experimental Psychology, 50*(5), 325-338.

Owen, D. C. (1989). Nurses' perspectives on the meaning of hope in patients with cancer: A Qualitative Study. *Oncology Nursing Forum, 16*(1), 75-79.

Packer, J. I., & Howard, T. (1985). *Christianity: The true humanism.* Waco, TX: Word, Incorporated.

Parse, R. R. (1999). *Hope: An international human becoming perspective.* Sudbury, Ma: Jones And Bartlett.

Patterson, D. H. (1967). Divergence and convergence in psychotherapy. *American Journal Of Psychotherapy, 21*, 4-17.

Pegis, A. (1948). *Introduction to Saint Thomas Aquinas* (Original Work Published 13th Century Ed.). New York: Random House.

Penrod, J., & Morse, J. M. (1997). Strategies for assessing and fostering hope: The hope assessment guide. *Oncology Nursing Forum, 16*(1), 1055-1063.

Perakyla, A. (1991). Hope work in the care of seriously ill patients. *Qualitative Health Research, 1*(4), 407-433.

Perley, J., Winget, C. N., & Placci, C. (1971). Hope and discomfort as factors influencing treatment continuance. *Comprehensive Psychiatry, 12*, 557-563.

Perls, F. (1969/1992). *Gestalt therapy verbatim.* Highland, NY: The Gestalt Journal Press.

Pervin, L. A. (1993). *Personality: Theory and research* (6th Ed.). New York: Wiley.

Peters, E. E. (1999). *Patterns in the dark: Understanding risk and financial crisis with complexity theory.* New York: Wiley.

Peterson, C. (2000). The future of optimism. *American Psychologist, 55*(1), 44-55.

Peterson, C., & Bossio, L. M. (1991). *Health and optimism.* New York: Free Press.

Pfeiffer, J. W., & Jones, J. E. (1975). *Co-Facilitating.* La Jolla, Ca: University Associates.

Popovich, J. M. (1991). *Hope, coping, and rehabilitation outcomes in stroke patients.* Unpublished Doctoral Dissertation, Rush, Chicago.

Porter, E. H. (1913). *Pollyanna.* London: Harrap.

Prochaska, J. O. (1979). *Systems of psychotherapy: A transtheoretical analysis.* Homewood, Ill: Dorsey.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviours. *American Psychologist, 47*(9), 1102-1114.

Pruyser, P. (1986). Maintaining hope in adversity. *Pastoral Psychology, 35*(W).

Rabinowitz, R. E., Heppner, P. P., & Roehlke, H. J. (1986). Descriptive study of process and outcome variables of supervision over time. *Journal Of Counseling Psychology, 33*, 292-300.

Rabkin, J., Neugebaur, R., & Remien, R. (1990). Maintenance of hope in HIV-spectrum homosexual men. *American Journal Of Psychiatry, 147*(10), 1322-1326.

Raleigh, E. D. H. (1992). Sources of hope in chronic illness. *ONF, 19*(3), 443-448.

Reay, D. A. (1994). *Understanding how people learn.* East Brunswick, NJ: Nichols.

Reem, O. (2002). *The lived experience of hope in therapy.* Unpublished Master Of Arts, British Columbia, Vancouver, B.C.

Rescher, N. (1998). *Complexity: A philosophical overview.* New Brunswick, NJ: Transaction Publishers.

Rieber, R. W. & Carton, A. S.(Eds.). (1987). *The collected works of L. S. Vygotsky: Volume 1, problems of general psychology.* (N. Minick, Trans.). New York: Plenum Press.

Richards, L. (1999). *Using NVivo in qualitative research* (2nd Ed.). Bundoora, Victoria, Australia: Qualitative Solutions And Research Pty. Ltd.

Richardson, J. T. (1991). *Experiencing research on new religions and cults: Practical and ethical considerations.* Newbury Park, Ca: Sage.

Rodale, J. (1986). *The synonym finder.* New York: Warner Books.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal Of Training Psychology, 21*, 95-103.

Rogers, C. R., & Sanford, R. C. (1985). *Client-centered psychotherapy* (4th Ed.). Baltimore: William & Wilkins.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *Journal Of Orthopsychiatry, 6*, 412-415.

Roset, S. M. (1999). *Exploring hope: Implications for educational leaders.* Unpublished Manuscript, University Of Saskatchewan, Saskatoon.

Rustoen, R., Wiklund, I., Hanestad, B. R., & Mourn, T. (1996). Nursing interventions to increase hope and quality of life in newly diagnosed cancer patients. *Cancer Nursing, 21*(4), 235-245.

Ruvelson, L. (1990). The tense tightrope: How patients and their therapists balance hope and hopelessness. *Clinical Social Work Journal, 18*(2), 145-154.

Salander, P., Bergenheim, T., & Henriksson, R. (1996). The creation of protection and hope in patients with malignant brain tumors. *Social Science In Medicine, 42*(7), 985-996.

Sark. (1997). *Succulent wild woman: Dancing with your wonder-full self.* New York: Simon & Schuster.

Sawatzky, D. D., Jevne, R. F., & Clark, G. T. (1994). Becoming empowered: A study of counsellor development. *Canadian Journal Of Counselling, 28*(3), 177-192.

Schachtel, E. G. (1959). *Metamorphosis.* New York: Basic Books.

Seale, C. (1999). *The quality of qualitative research.* Thousand Oaks: Ca: Sage.

Seligman, E. P. (2001). Amid the despair, there is hope. *Monitor On Psychology, 32*(10), 52-53.

Seligman, M. E. P. (1990). *Learned optimism: How to change your mind and your life.* New York: Pocket Books.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. *American Psychologist, 55*(1), 5-14.

Shaffir, W. B., & Stebbins, R. A. (1991). *Experiencing fieldwork: An inside view of qualitative research.* Newbury Park, Ca: Sage.

Shapiro, A. K., & Shapiro, E. (1997). *The powerful placebo: From ancient priest to modern physician.* Baltimore: The Johns Hopkins University Press.

Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (2nd Ed.). New York: Guilford Press.

Simons, H. (1996). The paradox of case study. *Cambridge Journal Of Education, 26*(2), 225-240.

Simpson, C. (2000). *The intersections of hope, health, and illness: Moral responsibilities of health care providers.* , Dalhousie, Halifax, Nova Scotia.

Sinclair, C., & Pettifor, J. (Eds.). (1991). *Companion manual to the Canadian Code Of Ethics For Psychologists, 1991.* Ottawa, Ont.: Canadian Psychological Association.

Skovholt, T. M., & McCarthy, P. R. (1988). Critical incidents: Catalysts for counselor development. *Journal Of Counseling And Development*(67), 69-72.

Sloane, R. B., Staples, F. R., Cristol, A. H., Yorkston, W. J., & Whipple, K. (1975). *Short-term analytically oriented psychotherapy vs. behavior therapy.* Cambridge, Ma: Harvard University Press.

Smedes, L. (1998). *Standing on the promises: Keeping hope alive for a tomorrow we cannot control.* Nashville, TN: Thomas Nelson.

Smith, M. B. (1983). Hope and despair: Keys to the socio-psychodynamics of youth. *American Journal Of Orthopsychiatric, 53*(3), 389-399.

Snyder, C. R. (1993). *Hope for the journey*. Baltimore, MD: Paul H. Brooks.

Snyder, C. R. (1994). *The psychology of hope: You can get there from here*. New York: The Free Press.

Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal Of Counseling & Development, 73*, 355-360.

Snyder, C. R., Sympson, S.C., Ybasco, F. C., Borders, T. F., Babyak, M. A. & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal Of Personality And Social Psychology, 70*(2), 321-335.

Snyder, C. R. (2001). Hope for teaching & vice versa (Pp. 1-16). Lawrence, Kansas: University Of Kansas.

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Signmon, S. T., Yoshinobu, L., Gibb, J., Langelle, C., & Harney, P. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal Of Personality And Social Psychology, 60*(4), 570-585.

Snyder, C. R., Hoza, B., Pelham, W. E., Rapoff, M., Ware, L., Danovsky, M., Highberger, L., Rubinstein, H., & Stahl, K. J. (1997a). The development and validation of the Children's Hope Scale. *Journal Of Pediatric Psychology, 22*(3), 399-421.

Snyder, C. R., McDermott, D., Cook, W., & Rapoff, M. A. (1997b). *Hope for the journey: Helping Children Through Good Times And Bad*. Boulder, Co: Westview Press.

Snyder, C. R., Scott, T. M., & Cheavens, J. S. (1999). *Hope as a psychotherapeutic foundation of common factors, placebos, and expectancies*. Washington, Dc: American Psychological Assoc.

Soukhanov (Ed.). (1994). *Webster's Ii: New Riverside University Dictionary*. Boston: Riverside.

Staats, S. (1989). Hope: A comparison of two self-report measures for adults. *Journal Of Personality Assessment, 53*(2), 366-375.

Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Stake, R. E. (1981). *Case study methodology: An epistemological advocacy.* Paper Presented At The Case Study Methodology In Educational Evaluation. Proceedings Of The 1981 Minnesota Evaluation Conference., Minneapolis, MN.

Stake, R. E. (Ed.). (1994). *Case studies.* Thousand Oaks, CA: Sage.

Stanley, A. (1978). *The common lived experience of hope: The isolation of discrete descriptive elements to the experience of hope in healthy young adults* (Vol. 39).

Steier, F. (1991). *Research and reflexivity.* Newbury Park, CA: Sage.

Stein, D. L. (1989). *Lectures on the sciences of complexity.* Redwood City, CA: Addison-Wesley.

Stoltenberg, C. D. (1981). Approaching supervision from a developmental perspective: The counselor complexity model. *Journal Of Counseling Psychology, 28,* 59-65.

Stoltenberg, C. D., & Delworth, U. (1987). *Supervising counselors and therapists: A developmental approach.* San Francisco: Jossey Bass.

Stoner, M. (1988). *Measuring hope.* Norwalk, Ct: Appleton & Lange.

Stotland, E. (1969). *The psychology of hope: An integration of experimental, clinical, and social approaches.* San Francisco: Jossey-Bass.

Sutherland, P. (1993). *The lived experience of hope: A qualitative study of psychologists.* Unpublished Manuscript, University Of Alberta, Edmonton, Canada.

Tallman, K., & Bohart, A. C. (1999). *The client as a common factor: Clients as self-healers.* Washington, Dc: American Psychological Association.

Tennant, M. (1993). *Psychology and adult learning.* New York: Routledge.

Thompson, J. B. (1981). *Editor's introduction* (John B. Thompson, Trans.). *Paul Ricoeur, hermeneutics and the human sciences: Essays on language, action and interpretation.* New York: Cambridge University Press.

Tiger, L. (1979). *Optimism: The biology of hope.* New York: Simon & Schuster.

Tolman, E. C. (1932). *Purposive behaviour in animals and men.* New York: Century.

Veenhoven, R. (1993). *Happiness in nations: Subjective appreciation of life in 56 Nations, 1946-1992.* Rotterdam, Netherlands: Erasmus University Of Rotterdam, Department Of Social Sciences, Center For Socio-Cultural Transformation.

Von Glaserfeld, E. (1986). *Steps in the construction of "others" and "reality."* New York: Plenum Press.

Walters, J., Seidel, S., & Gardner, G. (1994). *Children as reflective practitioners: Bringing Metacognition To The Classroom.* Orlando: Harcourt Brace.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings.* Mahwah, NJ: Erlbaum.

Wasserfall, R. R. (1997). *Reflexivity, feminism, and difference.* Thousand Oaks, CA: Sage.

Watkins, K. E., & Marsick, V. J. (1993). *Sculpting the learning organization: Lessons in the art and science of systemic change.* San Francisco: Jossey-Bass.

Webster, R. (1997). *Seven secrets to success: A story of hope.* St. Paul, Min: Llewellyn.

Weinberger, J., & Eig, A. (1999). *Expectancies: The ignored common factor in psychotherapy.* Washington, DC: American Psychological Association.

White, M., & Epstein, D. (1990). *Narrative means to therapeutic ends.* New York: W.W. Norton.

Wilder, J. (1967). *Stimulus and response: The law of initial value.* Bristol, England: John Wright & Sons Ltd.

Wilkins, W. (1979). Expectancies in Therapy Research: Discriminating among heterogeneous nonspecifics. *Journal Of Training Clinical Psychology, 47,* 837-845.

Wilson, G. T. (2000). *Behavior therapy* (6th Ed.). Itasca, Ill: F. E. Peacock.

Wong-Wylie, G. (1997). *Family incidents: Impacting hope of persons with HIV/Aids.* Unpublished Masters, University Of Alberta, Edmonton, Alta.

Woolgar, S. (1981). Science and ethnomethodology: A prefatory statement. *International Society For The Sociology Of Knowledge Newsletter, 7*(1/2), 10-15.

Woolsey, L. K. (1986). The critical incident technique: An innovative qualitative method of research. *Canadian Journal Of Counselling, 20*(4), 242-254.

Wright, B. , & Shontz, F. (1968). Process and task in hoping. *Rehabilitation Literature, 29*(11), 322-331.

Wright, L. M., Watson, W. L., & Bell, J. M. (1996). *Beliefs: The heart of healing in families and illness*. New York: Basic Books.

Yalom, I. D. (1985). *The theory and practice of group psychotherapy*. New York: Basic Books.

Yapko, M. D. (1991). A therapy of hope. *Networker*(5-6), 34-39.

Yarcheski, A., Scoloveno, M. A., & Mahon, N. E. (1994). Social support and well-being in adolescents: The mediating role of hopefulness. *Nursing Research, 43*(5), 288-292.

Yin, R. K. (1982). *Case study research: Design and methods*. Beverly Hills, CA: Sage.

APPENDIX A

INFORMED CONSENT

Research Project:	**Hope in Practice** Department of Educational Psychology 6th Floor, Education North, University of Alberta
Supervisor:	Dr. Ronna Jevne, Professor, Educational Psychology Department of Educational Psychology
Researcher:	Karen **Massey**, PhD Student, Dept. of Educational Psychology

I understand that the purpose of this study is to explore the question of how helping professionals learn and integrate hope in practice. I further understand that the results from this study will help in deepening the understanding of hope-focussed counselling. I understand that participation in this study is voluntary and that I may withdraw at any time without penalty. I also understand that my name or identity will not be recorded nor that of my clients. Code names will be used to preserve anonymity.

I understand that I will be interviewed for background information about my theory base and approach to counselling, and I will be asked to write two short essays, 200 words, to assess my level of hope, one prior to and one after completion of the supervisory sessions. I will also provide, on a monthly basis, one written critical incident. I understand that the background interview and all supervisory sessions will be audio taped and subsequently transcribed.

I, ________________________, give my informed consent to participate in the study.

______________________________ ______________________________

Signature of Participant **Signature of Witness**

____

Date

APPENDIX B

STUDY DESCRIPTION

Research Project: Hope in Practice

Department of Educational Psychology, 6th Floor,
Education North, University of Alberta

Telephone: e-mail:

Supervisor: Dr. Ronna Jevne, Professor of Educational Psychology
Department of Educational Psychology, University of Alberta.

Researcher: Karen Massey, PhD student, Counselling Psychology
Department of Educational Psychology, University of Alberta.

The purpose of this study is to explore the question of how counsellors and educators learn to intentionally use hope in practice. Participation in this study is voluntary and you may withdraw at any time without penalty. Participating in the study involves four activities. First, you will be interviewed to obtain some background information about you, and your views about hope. At the end of the interview you will be asked to write a short essay of 200 words and bring it to the first supervisory session. Following completion of the six supervisory sessions you will again be interviewed and asked to write another short essay on the same topic. Thirdly, you will be asked to agree to the group supervisory sessions being audio taped. Lastly, on a monthly basis, you will provide one critical incident report via e-mail. You will use code names so that no real names will appear in the research.

The information from you and the other participants will help to deepen the understanding of hope-focussed counselling. Your participation is very much appreciated. There is no financial remuneration for your participation.

Karen Massey

APPENDIX C

HOPE RESEARCH PRE-SESSION SEMISTRUCTURED INTERVIEW PLAN

Code Name ____________________ **Date of Interview** ________________

The following information is collected for demographic data.

Could you please tell me: Age ________

Ethnicity: White __ Black __ Asian __ Hispanic __ Native North American __ Other

Highest level of academic training? ________

Year graduated? ________________

Number of years of counselling experience _______

Other related experience and number of years?

Other working experience and number of years?

1. What type of practice do you currently have?

2. What theories of counselling do you feel have influenced you the most?

3. What is it that you hope to be able to do differently by taking part in hope-focussed supervisory sessions?

4. What benefits do you anticipate from these new skills?

5. Do you currently use the concept of hope in your counselling? If so, in what way?

6a. What words do you associate with hope?

6b. What symbol (s) do you associate with hope?

6c. What are your sources of hope?

7. Complete the sentence: (repeat 3x) Hope is ...Hope is...Hope is

8. On the scale below, identify your level of hope today.

No Hope ____ A great deal of hope

9. What is your definition of hope?

10.a. What is your philosophy about life?

10b. How does your philosophy of life relate to hope?

11. What questions do you have about Hope-focussed counselling?

APPENDIX D

HOPE RESEARCH POST SESSION SEMI-STRUCTURED INTERVIEW PLAN

Code Name ____________________ **Date of Interview** ________________

1. What theories of counselling do you feel have influenced you the most?

2. What is it that you have learned to do differently by taking part in hope-focussed supervisory sessions?

3. What benefits have you got from these new skills?

4. How do you currently use the concept of hope in your counselling?

5. What words do you associate with hope?

6. What symbol (s) do you associate with hope?

7. What are your sources of hope?

8. Complete the sentence: (repeat 3x)

Hope is

Hope is

Hope is

9. On the scale below, identify your level of hope today.

No Hope ____ A great deal of hope

10. What is your definition of hope?

11. What is your philosophy about life?

12. How does your philosophy of life relate to hope?

13. Have your views about hope changed in any way? Describe.

14. Have all your questions about Hope-focussed counselling been answered? Do any issues need further clarification?

15. Where, in what circumstances, and how often have you used Hope-focussed counselling in the past 6 months? Where do you anticipate using it in the future?

16. After now reflecting on your critical incidents and having six months of hope training, did hope make a difference in your helping clients? How?

17. Could you have done the same or better without using hope? Explain.

18. Reflecting on the past 6 training sessions, are there any suggestions for improvement that you have?

APPENDIX E

GUIDELINES FOR WRITING CRITICAL INCIDENTS

* Specify the context within which the critical incident occurred.

* Identify at what point in the therapy process (beginning, middle, ending of a session; identify the number of the session; e.g., First time that I saw the client)

* The climate or mood as it relates to the critical incident (dependent, silent, hostile, intimate, anxious).

* Brief description of the person(s) involved, including some past and current behaviours (gender; age; presenting problem).

* Specify the behaviour and/or conversation that led up to and immediately preceded what you feel was your response to the critical incident.

* Describe the critical incident; this could include surface and also underlying issues.

* Describe your intervention or your response.

* Describe your assumptions about the influence of the incident on the person and/or on yourself. If possible, relate them to your understanding of hope.

NOTE: Write your incidents in any style that feels right for you. Whatever style you choose though, please ensure that the abovementioned points are considered. It is useful to provide information that focuses on your eyewitness observations to factually describe behaviours, important thoughts, and feelings.

Please submit at least ONE Critical Incident report to Wendy Edey at each supervisory session.

Please also e-mail Karen Massey a copy of your report.

If you have questions, please contact Wendy Edey at or e-mail at

APPENDIX F

GOTTSCHALK-GLESER CONTENT ANALYSIS

Human Equivalent

The software program analyzes grammatical clauses and calculates frequency of occurrence of any content category (Gottschalk & Bechtel, 1995a). These two developers recognized that computer scoring missed some aspects of the meaning being conveyed, so to correct this problem they scored large numbers of five-minute verbal samples by both humans who were expert scorers and the PCAD scoring program. They then developed a linear regression formula that enables the software to convert computer-derived scores into human scores (Gottschalk & Bechtel, 1995a). These human scores are labelled "human equivalent" in the calculations. For each scale, hope and hopelessness, there is a slope and a y-intercept that are applied to the corrected score to calculate the human equivalent (Bechtel, personal communication, August 21, 2001).

Hope Scale Categories

The Gottschalk-Gleser Hope Scale contains seven categories (Gottschalk, 1995, p. 194; Gottschalk & Gleser, 1969); namely:

H1 Reference to self or others getting or receiving help, advice, support, sustenance, confidence, esteem, (a) from others, (b) from self.

H2 References to feelings of optimism about the present or future, (a) others, (b) self.

H3 References to being or wanting to be or seeking to be the recipient of good fortune, good luck, God's favour or blessing, (a) others; (b) self.

H4 References to any kinds of hopes that lead to a constructive outcome, to survival, to longevity, to smooth-going interpersonal relationships (this category can be scored only if the word *hope* or *wish* or a close synonym is used)

H5 References to not being or not wanting to be or not seeking to be the recipient of good fortune, good luck, God's favour, or blessing.

H6 References to self or others not getting or receiving help, advice, support, sustenance, confidence, esteem, (a) from others, (b) from self.

H7 References to feelings of hopelessness, losing hope, despair, lack of confidence, lack of ambition, lack of interest; feelings of pessimism, discouragement, (a) others, (b) self.

H1 to H4 are given a value of positive one, and H5 to H7 are given a value of negative one. Each clause could have as many as four positive hope values or three negative hope values. Categories H5 to H7 also measure hopelessness.

Corrected Score

From an idealistic hope perspective, I felt that including measures of hopelessness presented a conceptual difficulty because I would not be measuring a pure form of hope. To purely measure hope I had guidance from several e-mails with Dr. L. A. Gottschalk and Dr. R. A. Bechtel (personal communications, April 23, 2001, May 1, 2001, August 21, 2001). Two studies were found that separated hope from hopelessness using what Gottschalk and Bechtel called the Corrected

Score (Gottschalk & Fronczek, 1993; Gottschalk, Stein, & Shapiro, 1997). This separation is done using the following process:

Hope Categories (H1 + H2 + H3) x Correction Factor = Hope Corrected Score.

Hopelessness Categories (-H5 + -H6 + -H7) x Correction Factor = Hopelessness Corrected Score. Hope Category H4 is considered neutral, so it was not used in the Corrected Score calculations.

According to R. Bechtel (personal communication, April 23, 2001), for the Total Hope Scale human equivalent calculations, Content Categories H1 to H4 are each given a weight of +1 for Hope, and items H5 to H7 are given a weight of −1. In the Total Hope scale, these seven weights are added together. However, in the Corrected Score only the first three hope measures are calculated for hope, and the latter three hopelessness measures are calculated for hopelessness, thus giving a pure form of each measure, much like Beck (1974) did when he developed the hopelessness scale. There is no measure of hope in Beck's hopelessness scale.

APPENDIX G

HIGHLIGHTS OF THE SECOND GROUP'S HOPE TRAINING PROCESS

This section summarizes the hope-focussed training process for the second group of participants. Only the second group's training process is described chronologically in this study because it was a similar, but improved process compared to what occurred for the first group. The first group's training occurred from January 2000 to June 2000. This was the first group trained in hope-focussed counselling by the Hope Foundation of Alberta. The second group's training occurred from November 2000 to May 2001. The second group had the advantage of being taught what was learned from the first group. Presenting highlights of the training process helps answer the questions "How do helping professionals learned about hope?" and "Through what processes do helping professionals learn?"

Second Group—First Session (November 15, 2000)

Wendy began the consultation session by teaching the concepts of hope scaling and how to ask directional questions; then she changed to a large-group exercise that evolved into a discussion of hopelessness and explaining externalizing questions, and last, there was a small-group exercise practising "asking hope questions."

At the start of the session Wendy introduced a simple way to measure somebody's hope using a scaling question of "On a scale of one to ten, what number would you give your hope?" Then she prepared the group for the worst that could happen—someone saying "I don't have any hope"—and discussed how she handles the situation. This led her to explaining the concept of "rekindling" a client's previous hope such as through asking, if a picture was "hanging beside your bed, what would that picture be?" At this point Wendy introduced a large-group exercise by encouraging the group to ask hope-focussed questions to Angel, who role-played her pain-focussed client. This line of questioning led back into a discussion of hopelessness. Wendy returned to a teaching mode and reviewed three of the four paradigms of hopelessness found in the monograph she co-authored (Edey et al., 1998), such as where people have inertia, blame others, and speak a language that no one seems to hear.

Continuing in the teaching mode, Wendy introduced the concept of asking "externalizing questions" based on the work of Michael White and David Epstein (1990). Then she pointed out that the "meter of my own hope or hopelessness is more important even than the meter of their hope or hopelessness, because where my own hope is at is going to be directly related to the amount of energy that I can give to their problem."

Wendy summarized a few things learned from the first group. She learned that some people like small-group work; others prefer being in a large group. Each person had her "own kind of struggle in taking things out and putting them into practice." We learned "a lot about . . . where people struggled with hope in working with others."

Next, Wendy outlined the importance of confidentiality in discussing cases. Then the group was briefed about the purpose of the research and why there was a researcher and tape recorder at the back of the room.

Wendy then delivered several teaching pieces. She first provided a definition of hope as "the expectation of a good future," and she referred to the work of Snyder (1993; 1994) and Herth (1989; 1990; 1992). Wendy established the group's level of knowledge about hope by asking the practical question "Who has tried to ask somebody a question pertaining directly to their hope?" Only a few participants had intentionally asked somebody about their hope. Most of the participants were "real beginners." Joey, who had been using a hope focus for several months, liked the question "When did they last experience hope in their life?" This discussion led Wendy to describe three things that the first group had learned about hope after three months:

> One is that working with hope is hard work, and I have to agree with them; . . . another one is that working with hope isn't a destination, it really is a journey, seeking kind of behaviour. In addition, probably the most important one is that you can actually ride on another person's hope.

At the end of the session Wendy provided an opportunity to get to know each other by having the group pair up and "find out three things about their hope." This icebreaker helped the participants establish hope-focussed relationships.

Second Group— Second Session (December 4, 2000)

The second session contained diverse learning activities. There were teaching topics about state and trait hope and understanding hope-focussed counselling. There were four case discussions and an assignment of homework.

Throughout this session there was a blend of theory and practice, engaging group members through a variety of techniques.

Wendy started the session by asking for feedback arising from the homework of writing critical incidents for the hope research. She then taught about the importance of making hope visible to other people and about differentiating between state and trait hope. At this point Sandra and Lise voiced their concern about having the sessions recorded for research purposes because they were not "expecting a tape recorder." The issues of confidentiality and the element of surprise were discussed in the trust section of the method chapter.

Wendy and Sandra discussed cases, after which Joey concluded, "Hope is a primal need in all of us." Homework was assigned to "continue talking to people about hope." Sandra observed that "there is a risk in being too hopeful, too Pollyanish." These comments led Wendy to differentiate between having hope and being too optimistically Pollyanish.

Second Group—Third Session (January 17, 2001)

The process of writing and reflecting on critical incidents enriched this next session because Ruth, Angel, and Ann discussed their incidents. There was also a psychoeducational portion regarding the three key hope concepts; specifically, creating options, asking hope-focussed questions, and asking simple questions.

The third session began with Ruth discussing her critical incident reflections about a client. After working with hope for several months, Ruth still felt that "I honestly don't know what I'm doing." She was "very concerned about this being a hope junkie." However, Ruth indicated that she had learned from the previous session about "the idea that someone could borrow my hope, that therapy could be a process of exchanging it back and forth." Others in the group also talked about the difficulty they had with the homework of talking about hope. Wendy acknowledged that it is hard to talk about hope. Angel noted that it is possible "to engender hope without even hardly talking about hope." Angel now felt more confidence in looking for alternatives and using the elements of hope. Like Angel, Sandra was becoming "a catalyst to hope without really talking about it." Sandra was feeling that "I really don't know anything about hope," which indicated that she, along with Angel and Ruth, were still at an early stage in learning to intentionally use hope. Hope was still invisible in their work, and they were afraid to risk talking about hope because they were uncertain about how to do it or they felt that it was inappropriate.

Wendy noticed the group's uncertainty in using hope, so she tried to ascertain whether the participants were thinking about hope by asking "if you're thinking about hope when you're listening." She had two responses from the group. Angel was clear that she was "always looking for where there's hope in what they're saying." Sandra did not start to think about hope until she first understood what was "dragging down" her client. Based on these two replies and agreement from the group in feedback discussions, it is evident that the participants were endeavouring to use hope, but they were finding that intentionally using hope is difficult; most of the group were not ready to risk openly working with the concept, including discussing it in the large group.

Ann discussed the critical incident about her friend who was making a decision to "come out" to his friends. There was laughter when Ann also revealed that she had decided not to intentionally mention hope in her conversation with this friend. She reflected uncertainty about

> whether it just wasn't appropriate to talk about it, or whether it was I was afraid to risk talking about it in an intentional way, because I certainly didn't want him to think that, because he knows what I do [work with hope].

Angel and Ann talked about a metaphor of planting a seed to think about alternatives. Wendy pointed out that the "next step is for you to learn to label it [hope] yourself, and if you label it not only for yourself, but for them, they will be grateful."

After the break the topic turned to the hope research results of the first group. The researcher joined the learning circle to discuss the e-mail recently sent out about the summary of critical incidents from the previous group for Sasha, Faith, Sara, and Carmen. The group was amazed at Faith's courage and tenacity in reading the list of hope questions during a counselling session and at her client's patience in waiting for her to choose the right question. They noted that taking a risk and talking about hope rewarded both Faith and her client.

Wendy ended the session by having the group observe her questioning Ruth about a current case of a mother and daughter conflict. This line of questioning created a shift for Ruth, who excitedly stated, "I really feel very liberated. I think that I have boxed myself in and been seeking the right way to do this hope thing." Ruth made "a big distinction" in realizing the difference in having a conversation about "how to make this woman hopeful, rather than how to just have a conversation about hope." Wendy's discussions put the group's qualms at ease, and they went forth for a month of working with the concept of hope.

Second Group—Fourth Session (February 21, 2001)

The session began with a case discussion about one of the group members being "fired" by her client. The remainder of this session focussed on the theme of intentionally using hope, especially asking "simple questions."

Ruth first presented a case about a client who had fired her without notice. She received supportive ideas from the group on how to handle this situation, and then she noticed that she has "such a tenuous grip on the hope thing." Despite working with hope for four months, she still was not comfortable using the hope concept.

Having laid a theoretical foundation from the previous session, Sandra's hope metaphor of a sailboat went well here because now the group was sailing ahead, having handled the turbulence of learning new things.

Ann described the highlights of this session as "talking about . . . hope-focussed language and how to use that in talking to people; . . . the three key phrases of yet, . . . when, . . . and I believe, . . . and asking simple questions."

Second Group—Fifth Session (March 21, 2001)

The fifth session provided opportunities to practice using the newly learned language of hope along with having several case discussions. The session concluded with Wendy teaching about state and trait hope and distinguishing between hope and the similar concepts of optimism, faith, self-efficacy, and resilience.

Angel requested ideas on how to help an acquaintance who was stuck in trying to leave a marital relationship. Angel saw the relationship as hopeless and that her friend did not have realistic hope. Sandra immediately cautioned Angel about imposing her view of the situation given that "there's something about people's unique life journeys." Wendy used this as an opportunity to "craft statements" using the language of hope—"when," "yet," and "I believe." From this line of crafting, a group metaphor emerged that Wendy summarized as being

> like watering the ones [seeds] they planted. It's learning to use language that works with the hope that people have and the hope that you have too, how to just get whatever power is available from that hope, how to just wring the power out of it rather than just wasting it.

Later, after the group practiced asking simple hope questions, Wendy adeptly pointed out that there can be a difference in the counsellor's and the client's levels of hope; for example, "a client may have a 10 level of hope and the counsellor may have a 7 level of hope. This difference in level of hope can be accounted for by the counsellor explaining the difference in ways they view the world." Later this incident became Angel's critical incident because she continued to reflect on it.

Wendy then asked the group to account for the difference in level of hope regarding a recent client and how ethically she could work with a client whose level 10 of hope seemed unfounded because of his multiple problems. Ann pointed out that it could "suck his hope dry" if certain types of questions were asked. Sandra saw it as being ethical to "speak from your experience so you're not really imposing what his experience is going to be." Wendy confirmed that as a counsellor you could say that your hope "wouldn't be a 10 if you had just moved to a different city." Later she said that there is no need to influence a client's 10 level of hope; "it just shows us how different we can be."

Sandra described her hope metaphor of a sailboat. She talked to her students about sailing terms such as the initial launch, sharing the shoal, and handling unexpected turbulent passages. Sandra's hope metaphor was timely because the group was now sailing ahead, having handled the unexpected turbulence of frustrations and setbacks in intentionally learning to use hope.

Second Group—Sixth and Final Session (May 2, 2001)

In this final session there was a good-bye lunch followed by a formal session about how hope is used at work and self-care. Wendy concluded the session by asking the group what they had learned. The topics of self-care/preventing hope sucking and what the group learned are in the next section about the content of hope training.

Sandra asked the group how they had used hope at work. She initiated the discussion by asserting, "Hopeful people move with the winds of possibility." Ann observed, "For me, it's more the personal journey of hope. The better I understand myself and what hope means to me, the better able I am to do my work." Ruth revealed her comfort in using hope now

> because hope has been a big part of my work, but I haven't been able to language it, and I do that now. And I've come to the realization that hope is not a technique that you apply, which I talk about in a critical incident.

Ruth acknowledged that hope is "big in my work right now. . . . I had expected that someone was going to call me on it and go, 'That's bullshit to talk about hope!'" Angel found that "it's been effective to explore options. . . . Options are almost like the sunrise of hope: . . . If there is no hope, it's sort of like that tiny ray and to know that a person isn't trapped or stalemated." Angel indicated that "it has been really valuable to draw on language and awareness and mindset that promotes hope in my life where things have been difficult and there haven't been obvious solutions."

Sandra added a unique dimension to the group because she had recently attended a hope retreat; she had therefore had two roles in the past month—as a recipient and as a giver of hope:

> When I'm the recipient of hope, it's like a whole filling up of myself, a focus, just to nurture and take it all in. . . . When it's on the giving end, it's a filling up also, but it's a creating of the space for others to fill up.

Sandra's comments provided an opportunity to distinguish between the helping professional's and the client's experiences of hope.

Then, Wendy concluded the six sessions by asking what the group had learned. Wendy then referred to the Patch Adams movie, in which the psychiatrist was in a session with Patch Adams and was not listening to what Patch is saying. Wendy pointed out that this excerpt from the movie exemplified the importance of listening to all clients, "no matter how boring a story may be." The final session concluded with the group's laughingly singing a humorous song about a "poor little bug on the wall."

APPENDIX H

FIRST GROUP'S SESSIONS #5 AND #6: EXPLORING HOPE AND DEPRESSION

At the end of Session #4, Faith requested a discussion of depression in the next session because of challenges she was having from her client, David. With this advance notice, Wendy taught about the topic of hope and depression.

Session 5

Wendy started the discussion by brainstorming sentences in response to "Depression is like . . . ." The group was quick to answer:

Carmen: "it's like having a black hole in the middle of your chest."

Faith: "It's like being possessed by an alien."

Sasha: It's like being in a closet with no door handle."

Faith: "It's almost like a lack of trust in self. It can really distort your perception to the point where you don't know if what you're seeing is real or not, so then you begin to not trust."

Wendy summarized: "Having depression is like being in a fog; . . . everything is distorted."

Next, Wendy described four basic paradigms that are present when people have very low hope. The paradigms are that people are isolated, experiencing repeated trauma, or experiencing repeated failure, or things are out of control and circumstances are getting worse. Although not mentioned in this session, these are paradigms from her monograph (Edey, 1998, #51). This monograph was provided to all participants at the beginning of the first session or when they had initially signed up for the training sessions.

Next, Wendy invited the group to create a relationship between hope and depression. This request generated another brainstorming session.

Ann saw hope as " expecting a good future."

Sandra saw depression as "expecting the worst to happen."

Sasha stated, "Hope is about believing, and depression is about disbelief."

Sandra commented that hope is "about supportive relationships; depression is about 'People are against me.'"

Sandra contrasted hope as "abundance" and depression as "scarcity."

Nadine saw hope as "visible" and depression as "hiding."

Faith felt that hope is "options" and depression is "lack of options."

Sasha commented that hope is "energizing" and depression is "exhausting."

Nadine concluded that to be healthy is to have hope, love, trust, and abundance, with the opposite being fear.

Wendy drew the group into a deeper, more personal discussion of hope and depression by brainstorming "What is damaging to your own hope?" Carmen's reply reflected many of the group's ideas about having difficulty with clients who were "in that black hole; . . . you're kind of just getting lost." Wendy summarized the discussion as

> number one, all of your energy and your efforts could just disappear into that hole, just be sucked up. Another threat is that all your energy and efforts will be repelled by yes-butting. . . . Another threat is that you might actually catch it [depression].

Wendy then went to the next step after brainstorming, "to look at the list which was developed: . . . What would be the thing that we'd do if it was this one?" The group then developed solutions about "how to help clients who are depressed." Sasha discussed a client who was depressed and the importance of "meeting them on their own ground." Nadine added to that idea by noting the importance of helping to alleviate "the aloneness so it isn't so profound." Wendy suggested reducing the isolation through related stories. She also pointed out the importance of having boundaries, for both the client and the helper.

Wendy then reminded the group:

> If you've got to have instant results, it's going to be hard to be hopeful, . . . so this is why you have to have ***ways of waiting.*** If people are in circumstances that are out of their control, how can you be with them in ways that will increase their hope?

Sasha noted that "all I really have control over is how I react." Wendy added the perspective of "You can ***jump over to a time*** . . . that they're going to have some control." She also commented that repeated failure is the hardest paradigm of all in which to work.

Session 6

The sixth and final session on June 20, 2000, continued with the discussion of hope and depression. Wendy noted two dangers in working with persons who have repeated failures: The helping professional will not be able to "dig up any hop,e" and you could get into arguments with the client. Carmen offered that "sometimes you have to engage people around their hopelessness first." Many of the group members added comments about why it is important to validate the way that a client feels.

In despairing situations, Nadine identified the need for her own self-care through mental affirmations, such as saying, "The situation does not dismay me. God is with me to sustain and uphold me." Wendy encouraged Nadine to figure out how to openly share these helpful thoughts with someone else by stating something like, "It's different for each person, but when I'm in despair I always think to myself. . . . This gives the context to be able to say hopeful things out loud, which helps both you and the client." Wendy concluded that "this is one of the most important things I've learned to do. . . . to create for myself automatic opportunities, because we all feel better as soon as I say these things."

Wendy's revelation about automatic hopeful thoughts led the group into making visible their own ***automatic thoughts***. Sandra's favourite was, "I can handle this." Faith remembered her successes. Sandra saw value in journaling successes to remember them. Jade felt that the important thing, "when I feel myself sinking, is imagining the sun rising inside me; . . . it changes the energy." Sasha used the question "In the most darkest times, the hardest times in the past, what has gotten you through?" She found that this question allows clients to state their own clichés. Sasha also thought "images are powerful," and she encouraged her clients "to think of a time, or image . . . where it made you more hopeful"; or she used "music, a candle, hope reminders on her bulletin board. . . . Symbolic things around my office, that's where I get my hope." Wendy reminded the group of the value of using the idea of time jumping, where "sometimes when there's not any hope now, there is later, . . . and then I have a few basic examples in my head." Nadine used the Serenity Prayer. And when she was in her office, she looked "at an Anne Geddes picture of a baby in roses, laughing."

APPENDIX I

SAMPLES OF GOTTSCHALK PRE AND POST ESSAYS

Faith Pre-Session (January, 2000)

When I think about working with difficult or even hopeless cases, the first thing that comes to my mind is lack of time. How do I use my creativity quickly and efficiently while at the same time complete some of the administrative tasks that school counselors are expected to do. It is my assumption that difficult cases require time, in particular when trust is an issue. It is this situation that creates stress for me. This stress, at times, creates feelings of hopelessness and even apathy within me. Although I am learning that acts of hope can be small and frequent. For example, a hug, a chat in the hallway, a card or even a smile can at least let the other person know that I am still thinking of them, even though my energies are needing to be used elsewhere.

I believe hopelessness in me is sometimes directly linked to competency. When I feel confident and know what to do, I remain more hopeful. However, I would like to develop an intuitive inner trust in "not knowing" and allowing the process of discovery and learning to naturally occur. Perfectionism is an enemy of mine, one that depletes my hope the most.

Faith Post-Session (June, 2000)

When I think of working with difficult or hopeless cases I sometimes find it is hard not to get into a Pollyanna frame of mind. The perception that all is wonderful and workable. I could adopt the idea that hope is everywhere and perhaps it is. However, I have come to the conclusion that my hope combined with my competence is the most important element when working with hopelessness. My job is not to convince someone that there is hope. Rather, my job might simply be to acknowledge and to start from where the person is at. This might be to validate that for right now things are hopeless. This in itself might be the beginning of finding hope.

Can hopelessness be strength? Lately I have used the power of reframe and this has worked to help keep my hope alive. For example, the student that has charged a teacher with assault. I do not think this teacher deserves this. I must be willing to look at this from the student's position as well. She is a strong person who will not let anyone push her around. This is a strength that will serve her well. That is, of course, if she chooses to use it in a positive way.

What if I see no options? This is the ultimate of hopelessness, to feel that there are no options. My Pollyanna self wants to say that there are always options and possibilities. I have a need to believe this. There may not be hope but there has to be options. Viktor Frankl proved this in his book called Man's Search for Meaning. The ability to look for options leads to hope. Facilitating hope in counselling is to know that I have this resource at my fingertips. To have the openness and confidence to talk "hope talk" gives me an edge when encountering hopelessness. I have nothing to lose by opening this door.

Wendy Pre-Session (January, 2000)

When I think about working with difficult or even hopeless clients I cannot help but reflect on how I have changed. I used to say that if I hadn't made a difference through intervention in the first two or three sessions, then I likely wouldn't make any difference at all. I used to say that people who needed long term counselling really needed a friend and should get one. I was cognitive-behavioural in orientation.

These days all my clients are difficult, many are considered hopeless by others. This switch has forced me to recognize that there are people who simply don't have a friend, and others whose friends are of no help in providing a perspective on their lives. There are some for whom I have settled into the role of professional friend.

When I think about working with difficult clients I think less about skills and more about flexibility, less about goals and more about understanding the person, less about interventions and more about compassion, less about strategy and more about humour. I think about making a small difference over the long term rather than making a big difference in the short term. I think about the fact that sometimes it has to be okay for clients to bring me a gift or a treat, that they aren't bribing or co-opting me. They're simply being human.

When I think about working with difficult clients I try to remember that, contrary to the cliché, all of us are not born equal, that sometimes having a problem causes people to have other problems. I rarely think about working with difficult clients because my clients don't seem so difficult if I think about them as people. They laugh, cry, hope, breathe, and worry. There are things we have in common. If I can keep this in mind, the challenge of staying on track with them and using the skills I possess shrinks just a little.

When I think about working with difficult clients I sometimes allow myself to give up. Having learned to like so many people, I am comfortable saying "no" to those I do not like. I think it's the best gift I will be able to give.

Wendy Post Session (June, 2001)

When I think about working with people who are hopeless it doesn't upset me much, not in the beginning anyway. Yesterday I met a woman who had been sent by a friend, who had attended a hope retreat. She started crying during the first two minutes and rated her hope at 0 on a scale of 0 to ten. It is at these times when I become conscious of the hopelessness-busting strategies I employ in my self-talk. They are automatic, and they come to me without my beckoning particularly when people give me low hope scores. To myself I said " Oh well, people who cry easily often laugh easily." It's not that I started telling jokes or anything. But half an hour later she was laughing. She said "Imagine! I can still laugh, that gives me hope. My psychiatrist never laughs with me."

So my old faithful self-talk has rescued me again. What things do I say to myself without even knowing I'm saying them? When a problem can't be solved now, it can sometimes be solved later. When a problem can't be solved alone, it can sometimes be solved with others. When a problem can't be solved by some people, it can sometimes be solved by others. Just saying these things, either to myself or out loud to others, seems to decrease hopelessness--mine and sometimes theirs. When somebody's hope increases, be it mine, or mine and theirs, it gives us room to work; it gives me time to think, to try things. It's amazing what can be done when you buy a little time and a little room.

If I could cure bipolar disorder or anxiety disorder I would surely be a millionaire. Then I look around me and find that people who also cannot cure these disorders are a lot richer than me. This is because their work is recognized as important and mine is still viewed as peripheral, possibly mysterious. There isn't any health plan that will pay you to make somebody laugh, though there are many which will pay you to state a diagnosis, and then blame the victim because no improvement occurs.

When I take charge of the world, insurance companies will pay for entirely different services. Sure they will pay doctors, but each doctor will have to answer the question " Did you make this patient feel any better?" If the honest answer isn't yes, then the payment won't continue indefinitely. That which would have been paid will be made available for other services which make the patient feel better. There are many of them out there. In the meantime, doing good work and making people feel better will have to substitute for getting rich.

How I wish I could find some way to make the role of hope consultant into a vitally important role! Perhaps some day it will be. We just haven't figured out how to make it happen, yet.